Case: 18-10091 Doc: 1 Filed: 01/10/18 Page: 1 of 57

Fill in this information to identify your case:		
United States Bankruptcy Court for the:		
WESTERN DISTRICT OF OKLAHOMA		
Case number (if known)	Chapter you are filing under:	
	☐ Chapter 7	
	☐ Chapter 11	
	☐ Chapter 12	
	■ Chapter 13	☐ Check if this an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/17

1/10/18 1:56PM

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Pai	rt 1:	Identify Yourself		
			About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
1.	You	r full name		
	your pictu exar licer Bring iden	e the name that is on a government-issued ure identification (for apple, your driver's use or passport). If your picture tification to your ting with the trustee.	Courtney First name S. Middle name Smith Last name and Suffix (Sr., Jr., II, III)	First name Middle name Last name and Suffix (Sr., Jr., II, III)
2.	use Inclu	other names you have d in the last 8 years de your married or		
3.	Only you num Indi	y the last 4 digits of r Social Security uber or federal vidual Taxpayer tification number	xxx-xx-1164	
	(ITI)	N)		

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Debtor 1 Courtney S. Smith

Case number (if known)

		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):				
4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years		■ I have not used any business name or EINs.	☐ I have not used any business name or EINs.				
	Include trade names and doing business as names	Business name(s)	Business name(s)				
		EINs	EINs				
5.	Where you live	5401 S.E. 80th Street	If Debtor 2 lives at a different address:				
		Oklahoma City, OK 73135 Number, Street, City, State & ZIP Code	Number, Street, City, State & ZIP Code				
		Oklahoma					
		County	County				
		If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.	If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.				
		P.O. Box 94822 Oklahoma City, OK 73143					
		Number, P.O. Box, Street, City, State & ZIP Code	Number, P.O. Box, Street, City, State & ZIP Code				
6.	Why you are choosing this district to file for	Check one:	Check one:				
	bankruptcy	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.				
		☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)	☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)				

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Case number (if known)

7.	The chapter of the Bankruptcy Code you are	Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box.						
	choosing to file under	☐ Cha	pter 7					
		☐ Cha	pter 12					
		■ Cha	pter 13					
8.	How you will pay the fee	_ о	bout how yo	entire fee when I file my pour may pay. Typically, if you a attorney is submitting your p address.	are paying	the fee yourself,	you may pay with cash	h, cashier's check, or money
			need to pay	the fee in installments. If ye in Installments (Official For		e this option, sign	and attach the Applic	ation for Individuals to Pay
		□ I b	request tha ut is not req	t my fee be waived (You ma	ay request may do so	o only if your inco	me is less than 150%	of the official poverty line that
				on to Have the Chapter 7 Filin				
9.	Have you filed for bankruptcy within the last 8 years?	□ No. ■ Yes.						
			District	Western District of Oklahoma	When	2/18/15	Case number	15-10510
			District	Western District of Oklahoma	When	3/30/00	Case number	00-12385
			District		When		Case number	
10.	Are any bankruptcy	■ No						
	cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?	☐ Yes.						
			Debtor				Relationship to	you
			District		When		Case number, if	known
			Debtor				Relationship to	·
			District		When		Case number, if	known
11.	Do you rent your residence?	■ No.	Go to l	ine 12.				
		☐ Yes.	Has yo	ur landlord obtained an evict	ion judgm	ent against you?		
				No. Go to line 12.				
				Yes. Fill out <i>Initial Statemer</i> bankruptcy petition.	nt About ai	n Eviction Judgme	ent Against You (Form	101A) and file it with this

Debtor 1 Courtney S. Smith

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Deb	otor 1 Courtney S. Smith	1		Case number (if known)		
Par	t 3: Report About Any Bu	sinesses	You Own as a Sole Propri	etor		
12.	Are you a sole proprietor of any full- or part-time business?	■ No.	Go to Part 4.			
		☐ Yes.	Name and location of be	usiness		
	A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.		Name of business, if an	y		
	If you have more than one sole proprietorship, use a separate sheet and attach		Number, Street, City, St	ate & ZIP Code		
	it to this petition.		Check the appropriate b	pox to describe your business:		
	·			siness (as defined in 11 U.S.C. § 101(27A))		
			☐ Single Asset Re	al Estate (as defined in 11 U.S.C. § 101(51B))		
			☐ Stockbroker (as	defined in 11 U.S.C. § 101(53A))		
☐ Commodity Broker (as defined in 11 U.S.C. §				ker (as defined in 11 U.S.C. § 101(6))		
			☐ None of the abo			
13.	Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor?	deadline operation	s. If you indicate that you ar	e court must know whether you are a small business debtor so that it can set appropriate e a small business debtor, you must attach your most recent balance sheet, statement of I federal income tax return or if any of these documents do not exist, follow the procedure		
	For a definition of small	■ No.	I am not filing under Chapter 11.			
	business debtor, see 11 U.S.C. § 101(51D).	□ No.	I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code.			
		☐ Yes.	I am filing under Chapte	er 11 and I am a small business debtor according to the definition in the Bankruptcy Code.		
Par	t 4: Report if You Own or	Have Any	/ Hazardous Property or A	ny Property That Needs Immediate Attention		
14.	Do you own or have any	■ No.				
	property that poses or is alleged to pose a threat of imminent and identifiable hazard to	☐ Yes.	What is the hazard?			
	public health or safety? Or do you own any property that needs immediate attention?		If immediate attention is needed, why is it needed?			
	For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?		Where is the property?			
	•			Number, Street, City, State & Zip Code		

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Debtor 1 Courtney S. Smith

Case number (if known)

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

 Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit
counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

□ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

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Deb	tor 1 Courtney S. Smith	1		Case n	number (if known)			
Par	6: Answer These Quest	ions for Re	porting Purposes					
16.	What kind of debts do you have?		Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."					
			☐ No. Go to line 16b.					
			Yes. Go to line 17.					
				business debts? Business debts are destruction of the operation of the				
			☐ No. Go to line 16c.					
			☐ Yes. Go to line 17.					
		16c.	State the type of debts you	owe that are not consumer debts or bu	usiness debts			
17.	Are you filing under Chapter 7?	■ No.	I am not filing under Chapte	er 7. Go to line 18.				
	Do you estimate that after any exempt property is excluded and			. Do you estimate that after any exempavailable to distribute to unsecured cred	t property is excluded and administrative expenses ditors?			
	administrative expenses		□ No					
	are paid that funds will be available for distribution to unsecured creditors?		□ Yes					
18.	How many Creditors do	1 -49		□ 1,000-5,000	□ 25,001-50,000			
	you estimate that you owe?	□ 50-99		<u></u> 5001-10,000	5 0,001-100,000			
		☐ 100-19 ☐ 200-99		□ 10,001-25,000	☐ More than100,000			
19.	How much do you estimate your assets to	□ \$0 - \$5	'	□ \$1,000,001 - \$10 million	□ \$500,000,001 - \$1 billion			
	be worth?		1 - \$100,000	□ \$10,000,001 - \$50 million □ \$50,000,001 - \$100 million	☐ \$1,000,000,001 - \$10 billion ☐ \$10,000,000,001 - \$50 billion			
	■ \$100,001 - \$500,000 □ \$500,001 - \$1 million			□ \$100,000,001 - \$500 millio				
20.	How much do you	□ \$0 - \$5		□ \$1,000,001 - \$10 million	☐ \$500,000,001 - \$1 billion			
	estimate your liabilities to be?		01 - \$100,000	□ \$10,000,001 - \$50 million	\$1,000,000,001 - \$10 billion			
			01 - \$500,000 01 - \$1 million	□ \$50,000,001 - \$100 million □ \$100,000,001 - \$500 millio				
Part	:7: Sign Below							
For	you	I have exa	amined this petition, and I de	eclare under penalty of perjury that the	information provided is true and correct.			
					igible, under Chapter 7, 11,12, or 13 of title 11, and I choose to proceed under Chapter 7.			
If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).								
		I request i	relief in accordance with the	chapter of title 11, United States Code	e, specified in this petition.			
		I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1 and 3571.						
			tney S. Smith y S. Smith		Debtor 2			
			of Debtor 1	Signature of t	5000.2			
		Executed	on January 10, 2018	Executed on				
			MM / DD / YYYY		MM / DD / YYYY			

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Debtor 1 Courtney S. Smith Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

	an L. Bowler	Date	January 10, 2018
Signature of	Attorney for Debtor		MM / DD / YYYY
	Bowler 15193		
Printed name			
Bowler &	Associates P.C.		
Firm name			
8333 S.E.	15th Street		
Midwest C	City, OK 73110		
Number, Street,	City, State & ZIP Code		
Contact phone	405-733-3000 Office	Email address	dlbowler@hotmail.com
15193			
Bar number & S	tate		

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						1/10/18 1:56PM
Fill	in this info	rmation to identify your	case:			
Deb	otor 1	Courtney S. Smit	h Middle Name	Last Name		
	otor 2	First Name	Middle News	LadNana		
	use if, filing)	First Name	Middle Name	Last Name		
Uni	ted States B	ankruptcy Court for the:	WESTERN DISTRICT C	OF OKLAHOMA		
	se number				_	heck if this is an mended filing
					ai	nended ming
∩f	ficial Ea	orm 106Sum				
		-	and I iabilities an	d Certain Statistical Information		12/15
Be a	s complete	and accurate as possible out all of your schedule	ole. If two married people es first; then complete th	are filing together, both are equally responsible for e information on this form. If you are filing amend the box at the top of this page.		olying correct
Par	t 1: Sumr	marize Your Assets				
						ur assets lue of what you own
1.		A/B: Property (Official Fine 55, Total real estate, f			\$	226,249.00
	1b. Copy li	ine 62, Total personal pro	perty, from Schedule A/B		\$	8,300.00
	1c. Copy li	ne 63, Total of all propert	y on Schedule A/B		\$	234,549.00
Par	t 2: Sumr	marize Your Liabilities				
					Yo	ur liabilities
					Am	ount you owe
2.			laims Secured by Property mn A, Amount of claim, at t	(Official Form 106D) he bottom of the last page of Part 1 of Schedule D	\$	208,850.56
3.			Unsecured Claims (Official 1 (priority unsecured claims	Form 106E/F) s) from line 6e of <i>Schedule E/F</i>	\$	21,610.43
	3b. Copy 1	the total claims from Part	2 (nonpriority unsecured cl	aims) from line 6j of Schedule E/F	\$	35,233.72
				Your total liabilities	\$	265,694.71
Dor	t 2: Summ	marina Vaur Incomo ana	I Evnance			
Par		marize Your Income and				
4.		I: Your Income (Official For combined monthly incom		<i>I</i>	\$	4,544.59
5.	Schedule Copy your	J: Your Expenses (Officia monthly expenses from I	l Form 106J) ine 22c of <i>Schedule J</i>		\$	1,662.59
Par	t 4: Answ	ver These Questions for	Administrative and Statis	stical Records		
6.	-	•	er Chapters 7, 11, or 13?	neck this box and submit this form to the court with yo	ur othe	r schedules.
7.	■ Yes	of debt do you have?				
	■ Your	debts are primarily con		lebts are those "incurred by an individual primarily for	a perso	onal, family, or
				g for statistical purposes. 28 U.S.C. § 159.	a hav s	ad cultimit this form to
		ourt with your other sched		re nothing to report on this part of the form. Check this	s box a	าน รนมกาน เกเร เบกก ใ0

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Debtor 1 Courtney S. Smith Case number (if known)

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

6,060.00

1/10/18 1:56PM

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

	Total	claim
From Part 4 on Schedule E/F, copy the following:		
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	21,610.43
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. Total. Add lines 9a through 9f.	\$	21,610.43

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		Out	JC. 10 10001		00. 1 T HCU. 01/10/10	o rago.	10 01 01		1/10/18 1:56PM
Fill in	this information	to identify	your case and th	nis filinç	j:				
Debto	or 1 Co	urtney S.	Smith						
		t Name	Middle	e Name	Last Name				
Debto (Spouse		t Name	Middle	e Name	Last Name				
l Inita	d States Bankrunt	cy Court fo	rthe: WESTERN	I DISTR	ICT OF OKLAHOMA				
Office	a Otates Bankrupt	cy Court 10	Tule. WESTERN	DIOTIN	101 OF CICE/ITIONIN				
Case	number							_	neck if this is an
								an	nended filing
Offic	cial Form	106A/E	3						
Scł	nedule A	/B: P	roperty						12/15
				an asset	only once. If an asset fits in more	than one categor	, list the asset in	the cate	
hink it	fits best. Be as co	mplete and	accurate as possib	le. If two	married people are filing together, his form. On the top of any addition	both are equally i	esponsible for su	pplying	correct
	r every question.	, is necucu,	attaon a separate s	neet to t	ins form. On the top of any addition	ai pages, write ye	and cas	, mannibe	(II KIIOWII).
Part 1:	Describe Each R	esidence, B	uilding, Land, or O	her Real	Estate You Own or Have an Interes	st In			
D									
. Бо у	ou own or nave an	y legal or ed	quitable interest in a	any resid	ence, building, land, or similar prop	berty?			
	lo. Go to Part 2.								
Y	es. Where is the pr	operty?							
1.1	5401 S.E. 80th	Ctroot		What	is the property? Check all that apply				
	Street address, if availab		scription		Single-family home		deduct secured cla ount of any secure		
	siroti dadi oco, ii dvallal	,, ,, ,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	56pue		Duplex or multi-unit building		ors Who Have Clair		
					Condominium or cooperative				
					Manufactured or mobile home	Currer	t value of the	Currer	nt value of the
_	Oklahoma City	ок	73135-0000		Land		property?		n you own?
C	City	State	ZIP Code		Investment property		\$169,000.00		\$169,000.00
					Timeshare Other		be the nature of y		
				_	has an interest in the property? Che		as fee simple, ten state), if known.	ancy by i	the entireties, or
					Debtor 1 only		imple		
(Oklahoma				Debtor 2 only				
C	County				Debtor 1 and Debtor 2 only	<u> г</u> с	neck if this is com	munity r	property
					At least one of the debtors and anot		ee instructions)	u.iity þ	po ,
					r information you wish to add abou	t this item, such a	s local		
				prop	erty identification number:				

Official Form 106A/B Schedule A/B: Property page 1

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If you own or have more than one, list here: 12 1505 S.E. 52nd Street	Deb	tor 1 Courtney S	S. Smith			Ca	se number (if known)		
1505 S.E. 52nd Street		If you own or hav	/e more	than one. lis	t here:				
Street address, if available, or other description Quite and property Condomination or condense Quite and property Condomination or condense Quite and property Qui	1.2	,				is the property? Check all that apply			
Oklahoma City						Single-family home			
Oklahoma City		Street address, if available,	, or other des	cription		Duplex or multi-unit building			
Oklahoma City OK 73129-0000 Land Land Land Current value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here						Condominium or cooperative	Groundre Write Ha	ro Giairi	to decured by 1 reports.
Oklahoma City OK 73129-0000 Land Land Land Current value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here					П	Manufactured or mobile home			
City State ZIP Code Investment property \$57,249.00		Oklahoma City	ок	73129-0000	. =			he	
Timeshare Other Debtor 1 only Describe the nature of your ownership interest (such as fee simple, tenancy by the entirclies, or a file estable, it known. Fee Simple Debtor 1 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 1 only Debtor 2 only Debtor 3 and another Debtor 3 only Debtor 3 only Debtor 4 only Debtor					_			9.00	• • • • • • • • • • • • • • • • • • • •
Oklahoma Oklahoma Debtor 1 only Debtor 2 only Debtor 2 only Debtor 1 and Debtor 2 only Debtor 1 and Debtor 3 only Debtor 1 only Describe Your Vehicles Describe Your Yes Describe Your Yes Describe Your Personal and Household Items Describe Your Personal P		,			_	' ' '	· ·		. ,
Who has an interest in the property? Check one Debtor 2 only Debtor 2 only Debtor 2 only Debtor 1 and Debtor 2 only Debtor 2 only Debtor 3 only Debtor 4 and Debtor 2 only Debtor 4 only Debtor 5 only Debtor 5 only Debtor 6 only Debtor 7 only Debtor 7 only Debtor 8 only 0 only						Other			
Oklahoma Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property At least one of the debtors and another Check if this is community property Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here					Who	has an interest in the property? Check one	a life estate), if kr	iown.	
Debtor 1 and Debtor 2 only Check if this is community property						Debtor 1 only	Fee simple		
Check if this is community property commendation you wish to add about this item, such as local property identification number: 2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here		Oklahoma				Debtor 2 only			
At least one of the debtors and another		County				Debtor 1 and Debtor 2 only	Check if this	is com	munity property
2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here						At least one of the debtors and another			. 71 4. 7
2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here						-	tem, such as local		
pages you have attached for Part 1. Write that number here					ргор	ory identification number:			
pages you have attached for Part 1. Write that number here									
Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases. 3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles No Yes 3.1 Make: Lexus									\$226,249.00
Someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases. 3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles No Yes 3.1 Make: Lexus Model: IS 250 Year: 2007 Approximate mileage: 215,000 Other information: At least one of the debtors and another Check if this is community property (see instructions) 4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories No Yes Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here	Part	2: Describe Your Veh	icles						
Model: IS 250 Year: 2007 Approximate mileage: 215,000 Other information: Check if this is community property (see instructions) 4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories No Yes Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here	□	No Yes	actors, sp	oort utility vehi	·				
Approximate mileage: 215,000		Model: IS 250			Debtor	1 only			
Other information: Check if this is community property (see instructions) 4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories No Yes Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here		Year: 2007			Debtor 2	2 only	Current value of	the	Current value of the
Check if this is community property 4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories No Yes Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here \$\frac{4,600.00}{2}\$ Part 3: Describe Your Personal and Household Items			:	215,000	Debtor	1 and Debtor 2 only	entire property?		portion you own?
4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories No Yes Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here		Other information:			☐ At least	one of the debtors and another			
Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories No Yes Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here							\$4,600	0.00	\$4,600.00
portion you own?	5 A p	amples: Boats, trailer No Yes dd the dollar value of ages you have attact 3: Describe Your Pers	of the pol ched for F	, personal wate rtion you own Part 2. Write th Household Iten	rcraft, fishi for all of y at number	ng vessels, snowmobiles, motorcycle a rour entries from Part 2, including an	ccessories y entries for		Current value of the
Do not deduct secured claims or exemptions.								Ì	Do not deduct secured

Official Form 106A/B Schedule A/B: Property

Case: 18-10091 Doc: 1 Filed: 01/10/18 Page: 12 of 57 1/10/18 1:56PM Case number (if known) Debtor 1 Courtney S. Smith 6. Household goods and furnishings Examples: Major appliances, furniture, linens, china, kitchenware Yes. Describe..... \$2,900.00 Household Goods 7 Electronics Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games ■ No ☐ Yes. Describe..... 8. Collectibles of value Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles ■ No ☐ Yes. Describe..... 9. Equipment for sports and hobbies Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments ■ No ☐ Yes. Describe..... 10 Firearms Examples: Pistols, rifles, shotguns, ammunition, and related equipment No ☐ Yes. Describe..... 11. Clothes Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories □ No Yes. Describe..... \$800.00 Personal Clothing 12. Jewelry Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver No ☐ Yes. Describe..... 13. Non-farm animals Examples: Dogs, cats, birds, horses ■ No ☐ Yes. Describe..... 14. Any other personal and household items you did not already list, including any health aids you did not list ■ No ☐ Yes. Give specific information..... 15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached \$3,700.00 for Part 3. Write that number here Part 4: Describe Your Financial Assets Do you own or have any legal or equitable interest in any of the following? Current value of the portion you own?

Official Form 106A/B Schedule A/B: Property page 3

Do not deduct secured claims or exemptions.

Case: 18-10091 Doc: 1 Filed: 01/10/18 Page: 13 of 57

De	ebtor 1	Courtney S. Smith	Case number (if known)
16.	Cash Examp	les: Money you have in your wallet, in you	r home, in a safe deposit box, and on hand when you file your petition
	☐ Yes		
17.			accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar unts with the same institution, list each.
	■ No □ Yes		Institution name:
18.		mutual funds, or publicly traded stock les: Bond funds, investment accounts with	s brokerage firms, money market accounts
	■ No □ Yes	Institution or iss	uer name:
19.	Non-pu joint ve	-	orporated and unincorporated businesses, including an interest in an LLC, partnership, and
	No		
	☐ Yes.	Give specific information about them Name of entity:	% of ownership:
20.	Negotia Non-ne ■ No	able instruments include personal checks, gotiable instruments are those you canno	egotiable and non-negotiable instruments cashiers' checks, promissory notes, and money orders. t transfer to someone by signing or delivering them.
	☐ Yes. (Give specific information about them Issuer name:	
21.		ent or pension accounts les: Interests in IRA, ERISA, Keogh, 401(x), 403(b), thrift savings accounts, or other pension or profit-sharing plans
	_	ist each account separately. Type of account:	Institution name:
22.	Your sh		e so that you may continue service or use from a company ent, public utilities (electric, gas, water), telecommunications companies, or others
	■ No □ Yes		Institution name or individual:
23.	Annuiti	es (A contract for a periodic payment of m	oney to you, either for life or for a number of years)
	☐ Yes	Issuer name and descriptio	1.
24.	26 U.S.C	2. §§ 530(b)(1), 529A(b), and 529(b)(1).	a qualified ABLE program, or under a qualified state tuition program. otion. Separately file the records of any interests.11 U.S.C. § 521(c):
25	☐ Yes		y (other than anything listed in line 1), and rights or powers exercisable for your benefit
20.	■ No	Give specific information about them	y (caret than anything noted in line 1), and rights of powers exercisable for your benefit
26.		, copyrights, trademarks, trade secrets les: Internet domain names, websites, pro	, and other intellectual property ceeds from royalties and licensing agreements
	☐ Yes.	Give specific information about them	
27.		es, franchises, and other general intangles: Building permits, exclusive licenses, of	gibles cooperative association holdings, liquor licenses, professional licenses
	☐ Yes.	Give specific information about them	

Money or property owed to you?Current value of theOfficial Form 106A/BSchedule A/B: Propertypage 4

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De	ebtor 1	Courtney S. Smith		Case number (if known)	
					portion you own? Do not deduct secured claims or exemptions.
28.	Tax ref	unds owed to you			
		Give specific information al	pout them, including whether you alre	ady filed the returns and the tax years	
29.	Family Examp ■ No		alimony, spousal support, child suppo	ort, maintenance, divorce settlement, property	settlement
	☐ Yes. 0	Give specific information			
30.				efits, sick pay, vacation pay, workers' compen	sation, Social Security
		Give specific information			
31.		ts in insurance policies oles: Health, disability, or life	e insurance; health savings account (HSA); credit, homeowner's, or renter's insuran	се
	_		any of each policy and list its value. pany name:	Beneficiary:	Surrender or refund value:
32.	If you a	erest in property that is our care the beneficiary of a living the has died.	lue you from someone who has die g trust, expect proceeds from a life in	ed surance policy, or are currently entitled to rece	
	■ No □ Yes.	Give specific information			
33.			ether or not you have filed a lawsui tt disputes, insurance claims, or rights		
	■ No □ Yes.	Describe each claim			
34.		contingent and unliquidat	ed claims of every nature, includin	g counterclaims of the debtor and rights to	set off claims
	■ No □ Yes.	Describe each claim			
35.	Any fin	ancial assets you did not	already list		
		Give specific information			
36				ny entries for pages you have attached	\$0.00
Pa	art 5: Des	scribe Any Business-Related	Property You Own or Have an Interest I	n. List any real estate in Part 1.	
_	Do you o ■ No. Go		itable interest in any business-related p	roperty?	
	_	So to line 38.			
Pa		scribe Any Farm- and Commou	ercial Fishing-Related Property You Own	n or Have an Interest In.	
46.	_ `	own or have any legal on	equitable interest in any farm- or o	commercial fishing-related property?	
	_	Go to line 47.			
Off	icial Form	n 106A/B	Schedule A/B: F	Property	page

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Debtor 1 Case number (if known) Courtney S. Smith Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above 53. Do you have other property of any kind you did not already list? Examples: Season tickets, country club membership ■ No ☐ Yes. Give specific information....... 54. Add the dollar value of all of your entries from Part 7. Write that number here \$0.00 List the Totals of Each Part of this Form 55. Part 1: Total real estate, line 2 \$226,249.00 Part 2: Total vehicles, line 5 56. \$4,600.00 57. Part 3: Total personal and household items, line 15 \$3,700.00 58. Part 4: Total financial assets, line 36 \$0.00 59. Part 5: Total business-related property, line 45 \$0.00 60. Part 6: Total farm- and fishing-related property, line 52 \$0.00 Part 7: Total other property not listed, line 54 \$0.00 61. Total personal property. Add lines 56 through 61... \$8,300.00 Copy personal property total \$8,300.00 63. Total of all property on Schedule A/B. Add line 55 + line 62 \$234,549.00

Official Form 106A/B Schedule A/B: Property page 6

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	l in this inform	ation to identify your case.				1/10/18 1:56PM
		ation to identify your case:				
De	ebtor 1	Courtney S. Smith First Name	Middle Name	L	ast Name	
	ebtor 2 ouse if, filing)	First Name	Middle Name	L	ast Name	
			STERN DISTRICT OF C			
		with the war	OTERIA DIOTRIOT OF O	7112711		
	ase number					☐ Check if this is an amended filing
O.	fficial For	m 106C				
		C: The Prope	erty You Cla	im	as Exempt	4/16
the nee cas For spe any	property you liseded, fill out and the number (if known each item of pecific dollar ame applicable state)	ted on Schedule A/B: Prope attach to this page as many own). property you claim as exem ount as exempt. Alternativ atutory limit. Some exempti	rty (Official Form 106A/B) copies of Part 2: Addition on the part, you must specify the lely, you may claim the finns—such as those for	as yo nal Pa e amo full fa heal	our source, list the property that you age as necessary. On the top of any ount of the exemption you claim. Ir market value of the property be th aids, rights to receive certain be	additional pages, write your name and One way of doing so is to state a ing exempted up to the amount of penefits, and tax-exempt retirement
exe	emption to a pa				nption of 100% of fair market valu determined to exceed that amoun	le under a law that limits the t, your exemption would be limited
Pa	rt 1: Identify	the Property You Claim a	s Exempt			
1.	Which set of	exemptions are you claimi	ng? Check one only, eve	n if yo	our spouse is filing with you.	
	You are cla	iming state and federal nonb	ankruptcy exemptions.	11 U.S	S.C. § 522(b)(3)	
	☐ You are cla	iming federal exemptions.	11 U.S.C. § 522(b)(2)			
2.	For any prope	erty you list on Schedule A	/B that you claim as exe	empt,	fill in the information below.	
		Brief description of the property and line on Current value of the Amount of the exemption you claim Schedule A/B that lists this property portion you own		Specific laws that allow exemption		
		,	Copy the value from Schedule A/B	Check only one box for each exemption.		
		eth Street Oklahoma City Oklahoma County	y, \$169,000.00		\$9,369.13	Okla. Stat. tit. 31, §§
	Line from Sche	•			100% of fair market value, up to any applicable statutory limit	1(A)(1),(2); Okla. Stat. tit. 31, § 2
	Household (\$2,900.00		\$2,900.00	Okla. Stat. tit. 31, § 1(A)(3)
	Line from Scho	eaule A/B: 6.1			100% of fair market value, up to any applicable statutory limit	
	Personal Clo	othing edule A/B: 11.1	\$800.00		\$800.00	Okla. Stat. tit. 31, § 1(A)(7)
	Line nom Sch	edule A/D. TTT			100% of fair market value, up to any applicable statutory limit	
3.	(Subject to adj ■ No	you acquire the property cov	ry 3 years after that for ca	ases fi	iled on or after the date of adjustme	•

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					1/10/18 1:56PM	
Fill in thi	s information to identify you	ır case:				
Debtor 1	Courtney S. Sm First Name	Middle Name Last Name		-		
Debtor 2						
(Spouse if, fi	ling) First Name	Middle Name Last Name		•		
United St	ates Bankruptcy Court for the	WESTERN DISTRICT OF OKLAHOMA				
	,			-		
Case nun	nber					
(if known)					if this is an	
				amend	led filing	
Official	Form 106D					
		What Have Claims Casuma	al last Duamant			
Sche	dule D: Creditors	Who Have Claims Secure	a by Propert	<u>y </u>	12/15	
is needed,	copy the Additional Page, fill it	If two married people are filing together, both are elout, number the entries, and attach it to this form. C				
number (if	•					
	reditors have claims secured by	• • • •				
⊔No	o. Check this box and submit t	his form to the court with your other schedules. Y	ou have nothing else t	o report on this form.		
■ Ye	es. Fill in all of the information	below.				
Part 1:	List All Secured Claims					
2. List all	secured claims. If a creditor has i	more than one secured claim, list the creditor separatel	Column A	Column B	Column C	
for each cla	aim. If more than one creditor has	a particular claim, list the other creditors in Part 2. As	Amount of claim	Value of collateral	Unsecured	
much as p	ossible, list the claims in alphabeti	cal order according to the creditor's name.	Do not deduct the value of collateral.	that supports this claim	portion If any	
2.1 CA	RRINGTON			****	•	
MO	RTGAGE SERVICE	Describe the property that secures the claim:	\$144,506.22	\$169,000.00	\$0.00	
Cred	itor's Name	5401 S.E. 80th Street Oklahoma				
		City, OK 73135 Oklahoma County				
РС). Box 54285	As of the date you file, the claim is: Check all that				
	ne, CA 92619-4285	apply. □ Contingent				
	ber, Street, City, State & Zip Code	☐ Unliquidated				
140111	bor, otroot, only, otate a zip oode	☐ Disputed				
Who owe	s the debt? Check one.	Nature of lien. Check all that apply.				
Debtor	1 only	☐ An agreement you made (such as mortgage or se	ecured			
☐ Debtor	•	car loan)				
_	1 and Debtor 2 only	☐ Statutory lien (such as tax lien, mechanic's lien)				
☐ At least	t one of the debtors and another	☐ Judgment lien from a lawsuit				
	if this claim relates to a	■ Other (including a right to offset) First Mort	gage			
comm	unity debt	· · · · · · · · · · · · · · · · · · ·				
Date debt	was incurred 2/2011	Last 4 digits of account number 7137				
2.2 CIT	I MORTGAGE	Describe the property that secures the claim:	\$15,124.65	\$169,000.00	\$0.00	
	itor's Name	5401 S.E. 80th Street Oklahoma	Ψ10,124.00	Ψ100,000.00	Ψ0.00	
		City, OK 73135 Oklahoma County				
P.C). BOX 6243	As of the date you file, the claim is: Check all that				
	ux Falls, SD	As of the date you file, the claim is: Check all that apply.				
571	17-6243	Contingent				
Numl	ber, Street, City, State & Zip Code	☐ Unliquidated				
		Disputed				
Who owe	s the debt? Check one.	Nature of lien. Check all that apply.				
■ Debtor 1 only						
□ Debtor 2 only						
□ Debtor 1 and Debtor 2 only □ Statutory lien (such as tax lien, mechanic's lien)						
	☐ At least one of the debtors and another ☐ Judgment lien from a lawsuit ☐ Check if this claim relates to a ☐ Other (including a right to offset) ☐ Second Mortgage					
	if this claim relates to a nunity debt	Other (including a right to offset)	ortyay e			
	•					
Date debt	was incurred 1/2011	Last 4 digits of account number 3451				

Official Form 106D

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Debtor 1 Courtney S. Smith		Case nur	mber (if know)		
First Name Middle N	ame Last Name				
2.3 SETERUS, INC.	Describe the property that secures the clair	m: \$4	14,619.69	\$57,249.00	\$0.00
Creditor's Name	1505 S.E. 52nd Street Oklahoma City, OK 73129 Oklahoma County	,			
P.O. Box 2008 Grand Rapids, MI 49501-2008	As of the date you file, the claim is: Check all apply. Contingent	l that			
Number, Street, City, State & Zip Code	☐ Unliquidated ☐ Disputed				
Who owes the debt? Check one.	Nature of lien. Check all that apply.				
■ Debtor 1 only □ Debtor 2 only	☐ An agreement you made (such as mortgag car loan)	e or secured			
☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another	☐ Statutory lien (such as tax lien, mechanic's ☐ Judgment lien from a lawsuit	lien)			
☐ Check if this claim relates to a community debt		Mortgage			
Date debt was incurred	Last 4 digits of account number	6607			
2.4 UNITED AUTO CREDIT	Describe the property that secures the claim	m: (\$4,600.00	\$4,600.00	\$0.00
Creditor's Name	2007 Lexus IS 250 215,000 miles				
P.O. Box 660017 Dallas, TX 75266-0017	As of the date you file, the claim is: Check all apply. Contingent	l that			
Number, Street, City, State & Zip Code	Unliquidated				
Who owes the debt? Check one.	☐ Disputed Nature of lien. Check all that apply.				
■ Debtor 1 only □ Debtor 2 only	☐ An agreement you made (such as mortgag car loan)	e or secured			
☐ Debtor 1 and Debtor 2 only	☐ Statutory lien (such as tax lien, mechanic's	lien)			
lacksquare At least one of the debtors and another	☐ Judgment lien from a lawsuit				
☐ Check if this claim relates to a community debt	Other (including a right to offset)	hase Money S	Security		
Date debt was incurred 12/2014	Last 4 digits of account number	0002			
Add the dollar value of your entries in C If this is the last page of your form, add Write that number here:	Column A on this page. Write that number here the dollar value totals from all pages.	e:	\$208,850. \$208,850.		
Part 2: List Others to Be Notified for	or a Debt That You Already Listed				
trying to collect from you for a debt you o	ne notified about your bankruptcy for a debt to the to someone else, list the creditor in Part of tyou listed in Part 1, list the additional credit this page.	I, and then list th	e collection ager	ncy here. Similarly, if you h	ave more
Name, Number, Street, City, State & SETERUS, INC.	Zip Code	On which line in F	which line in Part 1 did you enter the creditor? 2.3		
P.O. Box 2008 Grand Rapids, MI 49501-20		Last 4 digits of ac	count number 4	925_	

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		Case. 10	2-10091	. Duc.	i i iieu.	01/10/1	b Fage. 19	01 37	1/10/18 1:56PM
Fill	l in this inform	ation to identify your o	case:						
Del	btor 1	Courtney S. Smith	1						
		First Name		e Name	Last N	lame			
	btor 2	First Name	N A: al al I.	e Name	Last N	lama			
(Spc	ouse if, filing)	First Name	Middle	e iname	Lastr	lame			
Uni	ited States Ban	kruptcy Court for the:	WESTER	N DISTRIC	T OF OKLAHOM	1A			
	se number							_	if this is an led filing
Sc Se a	s complete and	F: Creditors W accurate as possible. Us	e Part 1 for	creditors wit	n PRIORITY claim	s and Part 2 f			
iche iche eft.	edule G: Éxecut edule D: Credito	acts or unexpired leases ory Contracts and Unexpi rs Who Have Claims Sect inuation Page to this pag ber (if known).	red Leases ured by Prop	(Official Forr perty. If more	n 106G). Do not in space is needed	nclude any cre , copy the Par	editors with partially s t you need, fill it out, i	ecured claims that a number the entries i	are listed in n the boxes on the
Paı	rt 1: List All	of Your PRIORITY Un	secured C	laims					
1.	Do any creditor	rs have priority unsecured	d claims aga	inst you?					
	☐ No. Go to Pa	art 2.							
	Yes.								
2.	identify what typ possible, list the	priority unsecured claims e of claim it is. If a claim ha claims in alphabetical orde nan one creditor holds a pa	s both priorit r according t	y and nonprio o the creditor	rity amounts, list th 's name. If you hav	at claim here are more than tw	and show both priority a	nd nonpriority amoun	ts. As much as
	(For an explana	tion of each type of claim, s	ee the instru	ctions for this	form in the instruc	tion booklet.)			
							Total claim	Priority amount	Nonpriority amount
2.1				Last 4 digits	of account numl	per 1164	\$17,810.43	\$5,810.43	\$12,000.00
	P.O. BO			When was t	he debt incurred?			-	
		phia, PA 19114-0326 eet City State Zlp Code	<u> </u>	As of the da	te you file, the cla	aim is: Check	all that apply		
		the debt? Check one.		☐ Continge	•				
	■ Debtor 1 only □ Unliquidated								
	Debtor 2 or	nly		☐ Disputed					
	Debtor 1 ar	nd Debtor 2 only			ORITY unsecured	claim:			
	_	e of the debtors and anothe	r	☐ Domestic	support obligation	S			
	_	is claim is for a commun		Taxes an	d certain other deb	ots you owe the	e government		
		ubject to offset?	,	_			ou were intoxicated		
	■ No	-		Other. Sp	•				
	Πyes				Income	Tayes			

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Debtor 1 Courtney S. Smith		Case number	(if know)		1/10/18 1:56PN
OKLAHOMA TAX COMMISSION	Last 4 digits of account number 1	164	\$3,800.00	\$1,200.00	\$2,600.00
Priority Creditor's Name Office of the General Counsel 100 North Broadway Ave Suite 1500	When was the debt incurred?				
Oklahoma City, OK 73102	As a full section of the description to	0			
Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim is:	Check all that ap	pply		
Debtor 1 only	☐ Contingent				
_	Unliquidated				
Debtor 2 only	☐ Disputed				
Debtor 1 and Debtor 2 only	Type of PRIORITY unsecured claim	:			
\square At least one of the debtors and another	☐ Domestic support obligations				
\square Check if this claim is for a community debt	■ Taxes and certain other debts you	owe the governn	nent		
Is the claim subject to offset?	Claims for death or personal injury	while you were in	ntoxicated		
No	Other. Specify				
□ Yes	Income Taxe	s			
 List all of your nonpriority unsecured claims in the unsecured claim, list the creditor separately for each of than one creditor holds a particular claim, list the othe Part 2. 	claim. For each claim listed, identify what	type of claim it is	. Do not list claims	already included in F s fill out the Continua	Part 1. If more tion Page of
				Total c	
4.1 AAA LOAN SERVICE Nonpriority Creditor's Name	Last 4 digits of account number	3199			\$542.10
3401 South Western Ave. Suite B Oklahoma City, OK 73109	When was the debt incurred?	7/2014			
Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that	apply		
Debtor 1 only	☐ Contingent				
Debtor 2 only	☐ Unliquidated				
☐ Debtor 1 and Debtor 2 only	☐ Disputed				
\square At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:			
☐ Check if this claim is for a community	Student loans				
debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreemer	nt or divorce that y	ou did not	
No	Debts to pension or profit-sharir	nd plans, and oth	er similar debts		
■ NO Nes	Other Specify Credit card		2. 3a. dobio		

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1/10/18 1:56PM Case number (if know) Debtor 1 Courtney S. Smith \$454.26 4.2 **ACTION LOAN SERVICE** Last 4 digits of account number 8826 Nonpriority Creditor's Name 723 S AIR DEPOT When was the debt incurred? 7/2015 Midwest City, OK 73110 As of the date you file, the claim is: Check all that apply Number Street City State Zlp Code Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Signature Loan ☐ Yes 4.3 **ALLEGIANCE CREDIT UNION** Last 4 digits of account number 1164 Unknown Nonpriority Creditor's Name 101 N. ROBINSON SUITE 210 When was the debt incurred? 3/2015 Oklahoma City, OK 73102 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes Auto Repo on a Chevrolet Tahoe 4.4 **ASG SECURITY** Last 4 digits of account number 0537 \$224.00 Nonpriority Creditor's Name 12301 Kiln Court When was the debt incurred? 7/2014 Suite A Beltsville, MD 20705 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Alarm System ☐ Yes

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1/10/18 1:56PM Case number (if know) Debtor 1 Courtney S. Smith **BOKF, N.A. dba BANK OF** 7941 \$958.51 4.5 **OKLAHOMA** Last 4 digits of account number Nonpriority Creditor's Name P.O. Box 248818 When was the debt incurred? 3/2015 Oklahoma City, OK 73124-8818 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only □ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims lacksquare Debts to pension or profit-sharing plans, and other similar debts No ■ Other. Specify Collection ☐ Yes 4.6 **CAPITAL ONE** 6718 \$3,346.62 Last 4 digits of account number Nonpriority Creditor's Name PO BOX 650007 When was the debt incurred? 7/2010 Dallas, TX 75265 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent ☐ Unliquidated Debtor 2 only Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims \square Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Credit card purchases ☐ Yes **CASH IN A FLASH CHECK** 9302 4.7 Last 4 digits of account number \$477.29 **ADVANCE** Nonpriority Creditor's Name When was the debt incurred? 1/2014 721 S. AIR DEPOT BLVD. Midwest City, OK 73110 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Signature Loan ☐ Yes

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1/10/18 1:56PM Debtor 1 Courtney S. Smith Case number (if know) 4.8 **HIBDON TIRES PLUS** \$1,565.18 Last 4 digits of account number 9160 Nonpriority Creditor's Name P.O. BOX 81410 When was the debt incurred? 7/2015 Cleveland, OH 44181-0410 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes 4.9 LOWES/SYNCB Last 4 digits of account number 5114 \$3,711.35 Nonpriority Creditor's Name P.O. Box 965005 When was the debt incurred? 2/2014 Orlando, FL 32896 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes 4.1 **MATHIS BROTHERS CREDIT** 1967 \$174.70 Last 4 digits of account number 0 Nonpriority Creditor's Name PO BOX 270600 When was the debt incurred? 1/2015 Oklahoma City, OK 73107-5132 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent ☐ Unliquidated Debtor 2 only ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes

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Courtney S. Smith		Case number (if know)	
SLATE CREDIT CARD	Last 4 digits of account number	5751	\$6,22
Nonpriority Creditor's Name CHASE BANK	When was the debt incurred?	2/2015	**,
CARDMEMBER SERVICES P.O. BOX 94014			
Palatine, IL 60094-4014 Number Street City State Zlp Code	As of the date you file, the claim	is: Check all that apply	
Who incurred the debt? Check one.	_		
Debtor 1 only	Contingent		
Debtor 2 only	☐ Unliquidated		
Debtor 1 and Debtor 2 only	☐ Disputed	d alatin.	
At least one of the debtors and another	Type of NONPRIORITY unsecure ☐ Student loans	a claim:	
Check if this claim is for a community debt Is the claim subject to offset?	_	aration agreement or divorce that you did not	
No	Debts to pension or profit-sharir	ag plane, and other similar debts	
	· ·		
Yes	Other. Specify Credit card	i purcnases	
THE HOME DEPOT	Last 4 digits of account number	5782	\$3,049
Nonpriority Creditor's Name P.O. BOX 6497 Sioux Falls, SD 57117-6497	When was the debt incurred?	7/2011	
Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
■ Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
☐ Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
☐ Check if this claim is for a community	Student loans		
debt Is the claim subject to offset?	Obligations arising out of a separe report as priority claims	aration agreement or divorce that you did not	
No	Debts to pension or profit-sharir	og plans, and other similar debts	
Yes	Other. Specify Credit card		
Tes .	Other. Specify Orealt Care	i purchases	
USAA SAVING BANK	Last 4 digits of account number	4368	\$9,105
Nonpriority Creditor's Name 10750 McDermott San Antonio, TX 78288	When was the debt incurred?	11/2017	
Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
■ Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
☐ Check if this claim is for a community	Student loans		
debt	☐ Obligations arising out of a sepa	aration agreement or divorce that you did not	
Is the claim subject to offset?	report as priority claims	and the state of t	
■ No	Debts to pension or profit-sharing		
Yes	Other. Specify Credit card	l purchases	

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Debto	or 1 Courtney S. Smith		Case number (if know)	1/10/18 1:56PM
4.1	WORLD ACCEPTACE CORP.	Last 4 digits of account number	1164	\$5,400.00
4	Nonpriority Creditor's Name World Acceptence Corp./Attn. Bankruptcy PO BOX 6429	When was the debt incurred?	7/2014	
	Greenville, SC 29606 Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	■ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	ed claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	☐ Obligations arising out of a sep report as priority claims	paration agreement or divorce that	you did not
	■ No	Debts to pension or profit-shari	ing plans, and other similar debts	
	Yes	■ Other. Specify Collection		
is try have notif	this page only if you have others to be notified ying to collect from you for a debt you owe to se more than one creditor for any of the debts the fied for any debts in Parts 1 or 2, do not fill out and Address	l about your bankruptcy, for a debt that someone else, list the original creditor in hat you listed in Parts 1 or 2, list the add or submit this page.	n Parts 1 or 2, then list the colle litional creditors here. If you do	ection agency here. Similarly, if you
	TRAN FINANCIAL, LP	On which entry in Part 1 or Part 2 did you Line 4.13 of (<i>Check one</i>):	u list the original creditor? Part 1: Creditors with Priority U	nsecured Claims
	Box 610		Part 2: Creditors with Nonpriori	
Sauk	Rapids, MN 56379	Last 4 digits of account number	3959	ty onsecured claims
CAL' P.O.	and Address VARY PORTFOLIO SERVICES BOX 27288 pe, AZ 85285		u list the original creditor? Part 1: Creditors with Priority U Part 2: Creditors with Nonpriori	
Nama	and Address	On which entry in Part 1 or Part 2 did you	u list the original graditor?	
	MERICAL AUDITORS CORP.	· _ · _ · _ · _ · _ · _ · _ · _ · _	☐ Part 1: Creditors with Priority U	nsecured Claims
P.O.	BOX 48775	`	Part 2: Creditors with Nonpriori	
Minn	eapolis, MN 55448	Last 4 digits of account number		y 6.15554.154 6.14.11.15
		Last 4 digits of account number	0537	
	and Address	On which entry in Part 1 or Part 2 did you		
dba [·] BK-1 P.O.	DIT FIRST Tires Plus 3/Credit Operations Box 818011		☐ Part 1: Creditors with Priority U ☐ Part 2: Creditors with Nonpriori	
Ciev	eland, OH 44181	Last 4 digits of account number	9160	
POR	and Address TFOLIO RECOVERY	On which entry in Part 1 or Part 2 did you Line 4.11 of (<i>Check one</i>):	u list the original creditor? Part 1: Creditors with Priority U	nsecured Claims
RIVE 120 (OCIATES RSIDE COMMERCE CENTER CORPORATE BLVD olk, VA 23505	•	Part 2: Creditors with Nonpriori	ty Unsecured Claims
	<u> </u>	Last 4 digits of account number		
Part 4	4: Add the Amounts for Each Type of U	Jnsecured Claim		
	al the amounts of certain types of unsecured cl of unsecured claim.	aims. This information is for statistical	reporting purposes only. 28 U.S	S.C. §159. Add the amounts for each
	6a. Domestic support obligatio	ns	Total Clai	im 0.00

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btor 1 Cou	ırtney	S. Smith	Case r	number (if know)	
Total claims					
om Part 1	6b.	Taxes and certain other debts you owe the government	6b.	\$	21,610.43
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$	0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$	0.00
	6e.	Total Priority. Add lines 6a through 6d.	6e.	\$	21,610.43
				Tot	al Claim
	6f.	Student loans	6f.	\$	0.00
Total claims					
om Part 2	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$	0.00
	6h.	Debts to pension or profit-sharing plans, and other similar debts	6h.	\$	0.00
	6i.	Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$	35,233.72
	6j.	Total Nonpriority. Add lines 6f through 6i.	6j.	\$	35,233.72

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ill in this information to identify your case:					
Debtor 1	Courtney S. Smit	h			
	First Name	Middle Name	Last Name		
Debtor 2					
(Spouse if, filing)	First Name	Middle Name	Last Name		
United States Ba	ankruptcy Court for the:	WESTERN DISTRICT (OF OKLAHOMA		
Case number					
(if known)		-			

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

1/10/18 1:56PM

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	Person or	company with	h whom you have the cer, Street, City, State and ZIP Co	contract or lease	State what the contract or lease is for
2.1					
	Name				_
					_
	Number	Street			
					<u>_</u>
	City		State	ZIP Code	
2.2					
	Name				_
					_
	Number	Street			
					_
	City		State	ZIP Code	
2.3					
	Name				_
					_
	Number	Street			
					_
	City		State	ZIP Code	
2.4					
	Name				_
					_
	Number	Street			
					_
	City		State	ZIP Code	
2.5					
	Name				
	N	01 1			_
	Number	Street			
					_
	City		State	ZIP Code	

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	O 400. 1	0 10001 1000. 1	1 1100. 01/10	10 1 ago. 20	1/10/18 1:56PN
Fill in this	information to identify your	case:			
Debtor 1	Courtney S. Smit	h			
	First Name	Middle Name	Last Name		
Debtor 2 (Spouse if, fili	ng) First Name	Middle Name	Last Name		
United Sta	ites Bankruptcy Court for the:	WESTERN DISTRICT	OF OKLAHOMA		
Case num (if known)	ber				☐ Check if this is an amended filing
Officia	l Form 106H				
Sched	lule H: Your Cod	ebtors			12/15
ill it out, a our name		boxes on the left. Attach . Answer every question	the Additional Page t	o this page. On the to	needed, copy the Additional Page, p of any Additional Pages, write
■ No	5				
	hin the last 8 years, have you na, California, Idaho, Louisiana				ty states and territories include
	Go to line 3. s. Did your spouse, former spo	use, or legal equivalent live	e with you at the time?		
in line Form	e 2 again as a codebtor only i	f that person is a guaran	tor or cosigner. Make	sure you have listed t	g with you. List the person shown he creditor on Schedule D (Official Schedule E/F, or Schedule G to fill
	Column 1: Your codebtor Name, Number, Street, City, State and Z	IP Code		Column 2: The cru Check all schedule	editor to whom you owe the debt es that apply:
3.1				☐ Schedule D, lir	ne
	Name			□ Schedule E/F,	
				☐ Schedule G, lir	ne
	Number Street City	State	ZIP Code	_	
3.2				☐ Schedule D, lir	ne
	Name			□ Schedule E/F,	
				☐ Schedule G, lir	
-	Number Street			_	
	City	State	ZIP Code		

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Fill	in this information to	o identify your ca	ase:							
Deb	otor 1	Courtney S.	Smith			_				
	otor 2 ruse, if filing)					_				
Uni	ted States Bankrupt	cy Court for the	WESTERN DISTRICT	OF OKLAHOMA		_				
	se number 					Check if this is: An amende A supplementation	nt showing	g postpetition	chapter	
Of	fficial Form	106I					MM / DD/ Y		mowning date.	
So	chedule I: `	Your Inco	ome				, 22, 1			12/15
supį spoi attad	plying correct infouse. If you are seponded as separate sheet the seponded in the separate in	rmation. If you arated and you	sible. If two married peo are married and not filin r spouse is not filing wi On the top of any addition	ng jointly, and your ith you, do not inclu	spouse inde inform	s livi natio	ng with you, incluen about your spo	ide inform use. If mo	nation about ore space is	your needed,
1.	Fill in your emploinformation.	oyment		Debtor 1			Debtor 2	or non-fil	ing spouse	
	If you have more than one job,	Employment status	■ Employed			☐ Emplo	☐ Employed			
	information about	attach a separate page with nformation about additional employers.	Employment status	☐ Not employed			☐ Not er	☐ Not employed		
			Occupation	Underwriter						
	Include part-time, self-employed wo	rk.	Employer's name	THE HARTFORD (860) 547-5000						
	Occupation may include stu or homemaker, if it applies.		Employer's address	PO BOX 660916 Dallas, TX 75266-0916						
			How long employed to	here? 14 year	rs (bi-wk	dy)				
Par	t 2: Give Det	ails About Mon	thly Income							
	mate monthly inco		ate you file this form. If y	you have nothing to r	eport for a	any I	ine, write \$0 in the	space. Incl	lude your nor	n-filing
	u or your non-filing : e space, attach a se		ore than one employer, co	ombine the informatio	n for all e	mplo	yers for that perso	n on the lin	nes below. If y	ou need
							For Debtor 1		otor 2 or ng spouse	
2.			ry, and commissions (be calculate what the monthl		2.	\$	5,385.00	\$	N/A	
3.	Estimate and list	monthly overti	me pay.		3.	+\$	0.00	+\$	N/A	
4.	Calculate gross I	ncome. Add lin	e 2 + line 3.		4.	\$	5,385.00	\$	N/A	

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		For I	Debtor 1		Debtor filina s	2 or spouse	
ine 4 here	4.	\$	5,385.00	\$		N/A	_
payroll deductions:							
Fax, Medicare, and Social Security deductions	5a.	\$	1,022.21	\$		N/A	
Mandatory contributions for retirement plans	5b.	\$	0.00	\$		N/A	
Voluntary contributions for retirement plans	5c.	\$	0.00	\$		N/A	
Required repayments of retirement fund loans	5d.	\$	0.00	\$		N/A	_
nsurance	5e.	\$	493.20	\$		N/A	_
Domestic support obligations	5f.	\$	0.00	\$		N/A	_
Jnion dues	5g.	\$	0.00	\$		N/A	_
Other deductions. Specify:	5h.+	\$	0.00	+ \$		N/A	_
e payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$	1,515.41	\$		N/A	<u>-</u>
ate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$	3,869.59	\$		N/A	_
other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.	\$	675.00	\$		N/A	
nterest and dividends	8b.	\$	0.00	\$-		N/A	
Family support payments that you, a non-filing spouse, or a dependent regularly receive nclude alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.	\$	0.00	\$		N/A	_
Jnemployment compensation	8d.	\$	0.00	\$		N/A	_
Social Security	8e.	\$	0.00	\$		N/A	
Other government assistance that you regularly receive nclude cash assistance and the value (if known) of any non-cash assistance hat you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	8f.	\$	0.00	\$			
	-	· —		*			_
			0.00	`		14/71	_
l other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	675.00	\$		N/	A
ate monthly income. Add line 7 + line 9	10 \$	1	544 50 + \$		NI/A	- \$	4,544.59
	ΙΟ. Ψ		Ψ_		IVA	- Ψ -	4,344.33
all other regular contributions to the expenses that you list in <i>Schedule</i> contributions from an unmarried partner, members of your household, your riends or relatives.	depend		•	•			0.00
					12.	\$	4,544.59
u expect an increase or decrease within the vear after you file this form	?				'		ned ly income
	Autrition Assistance Program) or housing subsidies. Specify: Pension or retirement income Other monthly income. Specify: I other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. Atte monthly income. Add line 7 + line 9. In entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. Ill other regular contributions to the expenses that you list in Schedule contributions from an unmarried partner, members of your household, your itends or relatives. Include any amounts already included in lines 2-10 or amounts that are not include any amounts already included in lines 2-10 or amounts that are not included in the last column of line 10 to the amount in line 11. The rest and amount on the Summary of Schedules and Statistical Summary of Certa	Autrition Assistance Program) or housing subsidies. Specify: Pension or retirement income Other monthly income. Specify: Other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. In other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. At emonthly income. Add line 7 + line 9. In other regular contributions to the expenses that you list in Schedule J. Contributions from an unmarried partner, members of your household, your dependently or relatives. Include any amounts already included in lines 2-10 or amounts that are not availabes: The emount in the last column of line 10 to the amount in line 11. The result is the nat amount on the Summary of Schedules and Statistical Summary of Certain Liability is expect an increase or decrease within the year after you file this form? No.	Autrition Assistance Program) or housing subsidies. Specify: Pension or retirement income Other monthly income. Specify: I other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. In other income. Add lines 7 + line 9. In entries in line 10 for Debtor 1 and Debtor 2 or non-filling spouse. It other regular contributions to the expenses that you list in Schedule J. It contributions from an unmarried partner, members of your household, your dependents, your lines or relatives. Include any amounts already included in lines 2-10 or amounts that are not available to passe amount in the last column of line 10 to the amount in line 11. The result is the combinat amount on the Summary of Schedules and Statistical Summary of Certain Liabilities are leaved an increase or decrease within the year after you file this form? No.	Autrition Assistance Program) or housing subsidies. Specify: Pension or retirement income Specify: Pension or retirement income Specify: Sh. \$ 0.00 Sh. \$ 0	Autrition Assistance Program) or housing subsidies. Specify: Pension or retirement income 8g. \$ 0.00 \$ Other monthly income. Specify: 8h. \$ 0.00 \$ Other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$ 675.00 \$ At emonthly income. Add line 7 + line 9. 9. entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. Ill other regular contributions to the expenses that you list in Schedule J. contributions from an unmarried partner, members of your household, your dependents, your roommates, and liends or relatives. Include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Similar amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. The national manual	Autrition Assistance Program) or housing subsidies. Specify: Pension or retirement income By Street Monthly income. Specify: At other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. By Street Monthly income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. By Street Monthly income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. By Street Monthly income. Add line 7 + line 9. By Street Monthly income. Add line 10. By Street Monthly income. Add line 10	Autrition Assistance Program) or housing subsidies. Specify: Pension or retirement income 8g. \$ 0.00 \$ N/A Pother monthly income. Specify: 8h.+ \$ 0.00 + \$ N/A Pother income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 8o entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 8d entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 8d entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 8d entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 8d entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 8d entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 8d entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 8d entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 8d entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 8d entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 8d entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 8d entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 8d entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 8d entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 8d entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 8d entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 8d entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 8d entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 8d entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 8d entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 8d entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 8d entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 8d entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 8d entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 8d entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 8d entries in line 10 for Debtor 1 and Debtor 2 or non-f

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Fill i	in this informa	ation to identify yo	ur case:								
Debt		Courtney S.				Cł	neck	if this is:			
D 1						☐ An amended filing					
Debt (Spc	ouse, if filing)								ving postpetition cha the following date:	apter	
Unite	ed States Bank	ruptcy Court for the:	WESTE	ERN DISTRICT OF OKLAH	HOMA	MM / DD / YYYY					
Case	e numbe r										
	nown)										
Of	ficial Fo	orm 106J									
Sc	chedule	J: Your I	 Exper	nses						12/15	
Be a	as complete ormation. If n nber (if know	and accurate as nore space is nee n). Answer ever	possible eded, atta y questio	. If two married people ar							
Part 1.	Is this a joi	ribe Your House	hold								
	No. Go to		n a separ	ate household?							
	□ N		st file Offic	al Form 106J-2, <i>Expenses</i>	for Separate House	<i>hold</i> of D	ebto	r 2.			
2.	Do you hav	e dependents?	□ No								
	Do not list Debtor 2.	-	■ Yes.	Fill out this information for each dependent	Dependent's relation			Dependent's age	Does dependent live with you?	:	
	Do not state	the							□ No		
	dependents	names.			Son			9 years	Yes		
									□ No □ Yes		
									□ No		
									☐ Yes		
									□ No		
3.	Do your ex	penses include	_						☐ Yes		
J.	expenses of	of people other the dependent		No Yes							
exp app	imate your e enses as of licable date.	a date after the b	our bankro pankrupto	yptcy filing date unless y y is filed. If this is a supp	elemental Schedule						
the		h assistance and		government assistance i cluded it on <i>Schedule I:</i>)				Your expe	enses		
4.		or home ownersl nd any rent for the		ses for your residence. I	nclude first mortgage	4.	\$		0.00		
	If not include	ded in line 4:									
	4a. Real	estate taxes				4a.	\$		0.00		
	•	erty, homeowner's				4b.			0.00		
		e maintenance, re	•			4c.			0.00		
5.		eowner's associati		dominium dues our residence, such as ho	me equity loans	4d. 5.	\$ \$		0.00		
◡.	aaonai	gago payiilo	y .		ino oquity louis	J.	Ψ		0.00		

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4Se. 16-10091 Duc. 1 Fileu. 01/10/16 Paye. 32 01 57

Debtor	Courtney S. Smith	Case num	ber (if known)	
6. Ut	lities:			
6. 6 1		6a.	\$	255.00
6b	,	6b.		75.00
6c		6c.	\$	0.00
6d		6d.	\$	39.00
ou	Cell Phone		\$	75.00
	Cable TV		\$	75.00
7. Fo	od and housekeeping supplies		\$	
	ildcare and children's education costs		·	612.00
-	ndcare and children's education costs othing, laundry, and dry cleaning	8. 9.	\$ \$	0.00
		-	*	138.00
	rsonal care products and services	10.	\$	0.00
	dical and dental expenses	11.	\$	40.00
	ansportation. Include gas, maintenance, bus or train fare.	12.	\$	202.00
	not include car payments. tertainment, clubs, recreation, newspapers, magazines, and books	13.	\$	0.00
	aritable contributions and religious donations	14.	·	0.00
	•	14.	Ψ	0.00
-	not include insurance deducted from your pay or included in lines 4 or 20.			
	a. Life insurance	15a.	\$	0.00
	b. Health insurance	15b.		0.00
	c. Vehicle insurance	15c.	\$	102.59
	d. Other insurance. Specify:	15d.	·	0.00
	xes. Do not include taxes deducted from your pay or included in lines 4 or 20.	130.	Ψ	0.00
Sp	ecify:	16.	\$	0.00
	tallment or lease payments:			
17	a. Car payments for Vehicle 1	17a.	\$	0.00
	c. Car payments for Vehicle 2	17b.	\$	0.00
17	c. Other. Specify:	17c.	\$	0.00
17	d. Other. Specify:	17d.	\$	0.00
	ur payments of alimony, maintenance, and support that you did not report as ducted from your pay on line 5, <i>Schedule I, Your Income</i> (Official Form 106I).		\$	0.00
	ner payments you make to support others who do not live with you.		\$	0.00
	ecify:	19.		0.00
	ner real property expenses not included in lines 4 or 5 of this form or on Scho		our Income.	
	a. Mortgages on other property	20a.		0.00
	o. Real estate taxes	20b.	·	0.00
	c. Property, homeowner's, or renter's insurance	20c.		0.00
	d. Maintenance, repair, and upkeep expenses	20d.	·	0.00
	a. Homeowner's association or condominium dues	20d. 20e.	· —	0.00
_				
∠1. U t	ner: Specify: Housekeeping Supplies	21.	+Φ	49.00
22. C a	Iculate your monthly expenses			
22	a. Add lines 4 through 21.		\$	1,662.59
	o. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2		\$,
	c. Add line 22a and 22b. The result is your monthly expenses.		\$	1,662.59
22	o. Add into 22d and 22D. The result is your monthly expenses.		Ψ	1,002.39
23. Ca	Iculate your monthly net income.			
	a. Copy line 12 (your combined monthly income) from Schedule I.	23a.	\$	4,544.59
	o. Copy your monthly expenses from line 22c above.	23b.	-\$	1,662.59
	• •			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
23	c. Subtract your monthly expenses from your monthly income.			
	The result is your monthly net income.	23c.	\$	2,882.00
For mo	you expect an increase or decrease in your expenses within the year after you example, do you expect to finish paying for your car loan within the year or do you expect you diffication to the terms of your mortgage? No.			or decrease because of a

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Fill in this infor	rmation to identify your	case:			
Debtor 1	Courtney S. Smit	h			
	First Name	Middle Name	Last Name		
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name		
United States B	ankruptcy Court for the:	WESTERN DISTRICT C	OF OKLAHOMA		
	, ,				
Case number (if known)					Check if this is an amended filing
Official For	m 106Dec				
		an Individual	Debtor's Sc	hedules	12/15
years, or both. 1	18 U.S.C. §§ 152, 1341, i gn Below		,	n fines up to \$250,000, or impr	
Did you pa	ay or agree to pay some	eone who is NOT an attor	ney to help you fill out ba	ankruptcy forms?	
■ No					
☐ Yes.	Name of person				tition Preparer's Notice, ature (Official Form 119)
	alty of perjury, I declare re true and correct.	that I have read the sum	mary and schedules filed	d with this declaration and	
X /s/ Co	urtney S. Smith		X		
Court	ney S. Smith ure of Debtor 1		Signature of I	Debtor 2	
Date	January 10, 2018		Date		

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Fill	in this inforn	nation to identify you	r case:							
	otor 1									
Der	JIOI I	Courtney S. Smi	Middle Name	Last Name						
	otor 2 use if, filing)	First Name	Middle Name	Last Name						
Uni	ted States Ba	nkruptcy Court for the:	WESTERN DISTRICT OF	OKLAHOMA						
	se number					Check if this is an				
Sta	s complete a	of Financial		are filing together, both are		4/16				
num	ber (if knowi	n). Answer every ques			,					
1.		current marital statu		LITOU DOIOIG						
	☐ Married ■ Not mar									
2.	During the la	During the last 3 years, have you lived anywhere other than where you live now?								
	NoYes. List all of the places you lived in the last 3 years. Do not include where you live now.									
	Debtor 1 Pr	ior Address:	Dates Debtor 1 lived there	Debtor 2 Prior Ad	dress:	Dates Debtor 2 lived there				
3. state					ity property state or territor co, Texas, Washington and V					
	■ No □ Yes. Ma	ike sure you fill out <i>Scl</i>	hedule H: Your Codebtors (O	fficial Form 106H).						
Par	t 2 Explai	n the Sources of You	r Income							
4.	Fill in the total	I amount of income yo	nployment or from operatin u received from all jobs and a have income that you receiv	all businesses, including part-		ndar years?				
	□ No ■ Yes. Fill	in the details.								
			Debtor 1		Debtor 2					
			Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)				
		of current year until d for bankruptcy:	■ Wages, commissions, bonuses, tips	\$0.00	☐ Wages, commissions, bonuses, tips					
			☐ Operating a business		☐ Operating a business					

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Debtor 1 Courtney S. Smith Case number (if known) Debtor 1 Debtor 2 Sources of income **Gross income** Sources of income **Gross income** Check all that apply. (before deductions and Check all that apply. (before deductions exclusions) and exclusions) For last calendar year: \$64,627.16 ☐ Wages, commissions, Wages, commissions, (January 1 to December 31, 2017) bonuses, tips bonuses, tips ☐ Operating a business ☐ Operating a business \$66,277.00 For the calendar year before that: ☐ Wages, commissions, Wages, commissions. (January 1 to December 31, 2016) bonuses, tips bonuses, tips ☐ Operating a business ☐ Operating a business Did you receive any other income during this year or the two previous calendar years? Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1. List each source and the gross income from each source separately. Do not include income that you listed in line 4. No Yes. Fill in the details. Debtor 1 Debtor 2 Sources of income Gross income from Sources of income **Gross income** Describe below. each source Describe below. (before deductions (before deductions and and exclusions) exclusions) From January 1 of current year until Rental Income \$850.00 the date you filed for bankruptcy: For last calendar year: Rental Income \$10,200,00 (January 1 to December 31, 2017) For the calendar year before that: **Rental Income** \$10,200.00 (January 1 to December 31, 2016) Part 3: List Certain Payments You Made Before You Filed for Bankruptcy Are either Debtor 1's or Debtor 2's debts primarily consumer debts? Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,425* or more? Go to line 7. ☐ Yes List below each creditor to whom you paid a total of \$6,425* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. * Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment. Debtor 1 or Debtor 2 or both have primarily consumer debts. During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more? No. Go to line 7. □ Yes List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. Creditor's Name and Address Dates of payment **Total amount** Amount you Was this payment for ...

still owe

paid

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Case number (if known)

7.	Within 1 year before you filed for bankrupto Insiders include your relatives; any general pa of which you are an officer, director, person in a business you operate as a sole proprietor. 1 alimony.	rtners; relatives of any gen control, or owner of 20% o	eral partners; partner r more of their voting	rships of which your securities; and a	ou are a general Iny managing ag	partner; corporation gent, including one fo			
	■ No								
	Yes. List all payments to an insider.								
	Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for t	his payment			
8.	Within 1 year before you filed for bankrupto	cy, did you make any pay	ments or transfer a	ny property on a	eccount of a de	bt that benefited an			
	Include payments on debts guaranteed or cos	igned by an insider.							
	■ No								
	☐ Yes. List all payments to an insider								
	Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for t	tor's name			
Par	rt 4: Identify Legal Actions, Repossession	ns, and Foreclosures							
_		•							
9.	Within 1 year before you filed for bankrupto List all such matters, including personal injury modifications, and contract disputes.								
	■ No								
	Yes. Fill in the details.								
	Case title	Nature of the case	Court or agency		Status of the	e case			
	Case number		g ,						
10.	Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied? Check all that apply and fill in the details below.								
	No. Go to line 11.								
	☐ Yes. Fill in the information below.								
	Creditor Name and Address	Describe the Property		Date		Value of the			
		Explain what happened	i			property			
11.	Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?								
	No								
	Yes. Fill in the details.								
	Creditor Name and Address	Describe the action the	creditor took	Date take	action was	Amount			
12.	Within 1 year before you filed for bankrupto court-appointed receiver, a custodian, or a		erty in the possessi	on of an assigne	ee for the bene	fit of creditors, a			
	■ No								
	☐ Yes								
Par	tt 5: List Certain Gifts and Contributions								
13.	Within 2 years before you filed for bankrup	tcy, did you give any gifts	s with a total value	of more than \$60	00 per person?				
	■ No								
	☐ Yes. Fill in the details for each gift.								
	Gifts with a total value of more than \$600 per person	Describe the gifts		Date the g	s you gave jifts	Value			
	Person to Whom You Gave the Gift and Address:								
	Addition.								

Debtor 1 Courtney S. Smith

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Case number (if known)

14.	Within 2 years before you filed for bankru ■ No □ Yes. Fill in the details for each gift or co			ns with a total	value of more than	\$600 to any charity?
	Gifts or contributions to charities that to more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code)		Describe what you contributed		Dates you contributed	Value
Par	t 6: List Certain Losses					
15.	Within 1 year before you filed for bankrup or gambling?	tcy or	since you filed for bankruptcy, did y	ou lose anytl	ning because of thef	t, fire, other disaster,
	■ No □ Yes. Fill in the details.					
	Describe the property you lost and how the loss occurred	Include	be any insurance coverage for the lost the amount that insurance has paid. Lost claims on line 33 of Schedule A/B:	ist pending	Date of your loss	Value of property lost
Par	t 7: List Certain Payments or Transfers					
16.	Within 1 year before you filed for bankrup consulted about seeking bankruptcy or p Include any attorneys, bankruptcy petition pr	reparir	ng a bankruptcy petition?			rty to anyone you
	Yes. Fill in the details.					
	Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not Yo	ou	Description and value of any propertransferred	erty	Date payment or transfer was made	Amount of payment
	Bowler & Associates P.C. 8333 S.E. 15th Street Midwest City, OK 73110 dlbowler@hotmail.com		Attorney Fees 500.00 Court Fees 310.00		12/13/2017	\$810.00
17.	Within 1 year before you filed for bankrup promised to help you deal with your cred Do not include any payment or transfer that you ho	itors o	r to make payments to your creditor		r transfer any prope	rty to anyone who
	Yes. Fill in the details.					
	Person Who Was Paid Address		Description and value of any propertransferred	erty	Date payment or transfer was made	Amount of payment
18.	Within 2 years before you filed for bankru transferred in the ordinary course of your Include both outright transfers and transfers include gifts and transfers that you have alreed No	busin made a	ess or financial affairs? as security (such as the granting of a se			
	Person Who Received Transfer		Description and value of	Describe a	any property or	Date transfer was
	Address Person's relationship to you		property transferred		received or debts	made
	. ,					

Debtor 1 Courtney S. Smith

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Debtor 1	Courtney	S	Smith
DODIOI I	Coultiev	J.	JIIIIIII

Case number (if known)

19.	Within 10 years before you filed for bankruptcy beneficiary? (These are often called asset-protect		property to a se	elf-settled	I trust or similar device	of which you are a
	NoYes. Fill in the details.					
	Name of trust	Description and va	alue of the prope	erty transf	erred	Date Transfer was made
Par	rt 8: List of Certain Financial Accounts, Instru	ments, Safe Deposit	Boxes, and Stor	age Units	3	
20.	Within 1 year before you filed for bankruptcy, w sold, moved, or transferred? Include checking, savings, money market, or of houses, pension funds, cooperatives, association.	ther financial accoun	ts; certificates o			
	Yes. Fill in the details.					
		est 4 digits of ecount number	Type of accoun instrument	t or	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
21.	Do you now have, or did you have within 1 year cash, or other valuables?	r before you filed for	bankruptcy, any	safe dep	osit box or other depos	itory for securities,
	No Yes. Fill in the details.					
	Name of Financial Institution Address (Number, Street, City, State and ZIP Code)	Who else had acce Address (Number, State and ZIP Code)		escribe t	he contents	Do you still have it?
22.	Have you stored property in a storage unit or p	•	home within 1 ye	ear before	e you filed for bankrupto	ey?
	No					
	Yes. Fill in the details.					
	Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	Who else has or hato it? Address (Number, State and ZIP Code)		escribe t	he contents	Do you still have it?
Par	rt 9: Identify Property You Hold or Control for	Someone Else				
23.	Do you hold or control any property that some for someone.	one else owns? Inclu	de any property	you borro	owed from, are storing f	or, or hold in trust
	■ No □ Yes. Fill in the details.					
	Owner's Name Address (Number, Street, City, State and ZIP Code)	Where is the prope (Number, Street, City, St Code)		escribe t	he property	Value
Par	rt 10: Give Details About Environmental Inform	ation				
For	the purpose of Part 10, the following definitions	apply:				
	Environmental law means any federal, state, or toxic substances, wastes, or material into the a regulations controlling the cleanup of these sul	air, land, soil, surface	water, groundw			

- Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

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Debtor 1 Courtney S. Smith

Case number (if known)

24.	Has any governmental unit notified you that yo	u may be liable or potentially liable	under or in violation of an environme	ental law?
	■ No □ Yes. Fill in the details.			
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice
25.	Have you notified any governmental unit of any	release of hazardous material?		
	■ No □ Yes. Fill in the details.			
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice
26.	Have you been a party in any judicial or admini	strative proceeding under any envi	ronmental law? Include settlements a	and orders.
	■ No □ Yes. Fill in the details.			
	Case Title Case Number	Court or agency Name Address (Number, Street, City, State and ZIP Code)	Nature of the case	Status of the case
Par	11: Give Details About Your Business or Cor	nnections to Any Business		
27.	Within 4 years before you filed for bankruptcy,	did you own a business or have an	y of the following connections to any	business?
	☐ A sole proprietor or self-employed in a	trade, profession, or other activity,	either full-time or part-time	
	☐ A member of a limited liability company	(LLC) or limited liability partnershi	p (LLP)	
	☐ A partner in a partnership			
	☐ An officer, director, or managing execu	tive of a corporation		
	☐ An owner of at least 5% of the voting or	r equity securities of a corporation		
	■ No. None of the above applies. Go to Part	12.		
	☐ Yes. Check all that apply above and fill in t	the details below for each business		
	Business Name De Address	escribe the nature of the business	Employer Identification number Do not include Social Security	number er ITIN
		ame of accountant or bookkeeper		number of ITIN.
28.	Within 2 years before you filed for bankruptcy, institutions, creditors, or other parties.	did you give a financial statement t	Dates business existed o anyone about your business? Inclu	ide all financial
	■ No			
	Yes. Fill in the details below.			
	Name Address (Number, Street, City, State and ZIP Code)	ate Issued		

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Debtor	Courtney S. Smith		Case number (if known)
Part 12	2: Sign Below		
are true with a l	Sign Below Index the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection inkruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. §§ 152, 1341, 1519, and 3571. Interpolation of Debtor 2 Signature of Debtor 2		
/s/ Co	urtney S. Smith		
	ney S. Smith ure of Debtor 1	Signature of Debto	r 2
Date	January 10, 2018	Date	
Did you	ı attach additional pages to Your St	atement of Financial Affairs for In	dividuals Filing for Bankruptcy (Official Form 107)?
■ No			
☐ Yes			
Did you	ı pay or agree to pay someone who	is not an attorney to help you fill	out bankruptcy forms?
■ No			
☐ Yes.	Name of Person Attach the B	ankruptcy Petition Preparer's Notice	, Declaration, and Signature (Official Form 119).

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Fill in this inform	nation to identify your case	9:
Debtor 1	Courtney S. Smith	
Debtor 2 (Spouse, if filing)		
United States B	ankruptcy Court for the:	Western District of Oklahoma
Case number (if known)		

Check	as directed in lines 17 and 21:						
1	According to the calculations required by this Statement:						
	1. Disposable income is not determined under 11 U.S.C. § 1325(b)(3).						
	 Disposable income is determined under 11 U.S.C. § 1325(b)(3). 						
	3. The commitment period is 3 years.						
	4. The commitment period is 5 years.						

☐ Check if this is an amended filing

Official Form 122C-1

Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

12/15

1/10/18 1:56PM

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

		,-					
Par	11: Calculate Your Average Monthly Income						
1.	What is your marital and filing status? Check one	e only.					
	■ Not married. Fill out Column A, lines 2-11.						
	☐ Married. Fill out both Columns A and B, lines 2-	11.					
1 th	ill in the average monthly income that you received from 01(10A). For example, if you are filing on September 15, the ie 6 months, add the income for all 6 months and divide the bouses own the same rental property, put the income from the	6-month peritotal by 6. Fill	iod would I in the re	l be March 1 thro sult. Do not inclu	ough August 31. If the ai ude any income amount	nount of your monthly income more than once. For example	e varied during e, if both
					Column A Debtor 1	Column B Debtor 2 or non-filing spouse	
2.	Your gross wages, salary, tips, bonuses, overting payroll deductions).	ne, and coi	mmissio	ons (before all	5,385.00	\$	
3.	Alimony and maintenance payments. Do not include Column B is filled in.	ude paymer	nts from	a spouse if	\$	\$	
4.	All amounts from any source which are regularly of you or your dependents, including child supp from an unmarried partner, members of your house and roommates. Do not include payments from a spyou listed on line 3.	ort. Include hold, your d	e regulai depende	r contributions nts, parents,		\$	
5.	Net income from operating a business, profession, or farm	Debtor	1				
	Gross receipts (before all deductions)	\$	0.00				
	Ordinary and necessary operating expenses	-\$	0.00				
	Net monthly income from a business, profession, or	farm \$	0.00	Copy here -:	>\$0.00	. \$	
6.	Net income from rental and other real property	Debtor	1				
	Gross receipts (before all deductions)	\$		50.00			
	Ordinary and necessary operating expenses	-\$	17	75.00			
	Net monthly income from rental or other real property	\$	67	Copy 5.00 here ->	\$ 675.00	\$	

Official Form 122C-1 Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

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Courtney S. Smith Debtor 1 Case number (if known) Column A Column B Debtor 2 or Debtor 1 non-filing spouse 0.00 7. Interest, dividends, and royalties 8. Unemployment compensation 0.00 Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here: For you For your spouse 9. Pension or retirement income. Do not include any amount received that was a 0.00 benefit under the Social Security Act. 10. Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism. If necessary, list other sources on a separate page and put the total below. 0.00 0.00 0.00 Total amounts from separate pages, if any. \$ 11. Calculate your total average monthly income. Add lines 2 through 10 for 6.060.00 +|\$ 6,060.00 each column. Then add the total for Column A to the total for Column B. Total average monthly income Part 2: **Determine How to Measure Your Deductions from Income** 12. Copy your total average monthly income from line 11. 6,060.00 13. Calculate the marital adjustment. Check one: You are not married. Fill in 0 below. You are married and your spouse is filing with you. Fill in 0 below. You are married and your spouse is not filing with you. Fill in the amount of the income listed in line 11, Column B, that was NOT regularly paid for the household expenses of you or your dependents, such as payment of the spouse's tax liability or the spouse's support of someone other than you or your dependents. Below, specify the basis for excluding this income and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If this adjustment does not apply, enter 0 below. Total 0.00 0.00 Copy here=> 6,060.00 14. Your current monthly income. Subtract line 13 from line 12. 15. Calculate your current monthly income for the year. Follow these steps: 6,060.00 15a. Copy line 14 here=> Multiply line 15a by 12 (the number of months in a year). **x** 12 72,720.00 15b. The result is your current monthly income for the year for this part of the form.

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1/10/18 1:56PM Courtney S. Smith Debtor 1 Case number (if known) 16. Calculate the median family income that applies to you. Follow these steps: 16a. Fill in the state in which you live. OK 2 16b. Fill in the number of people in your household. 57.207.00 16c. Fill in the median family income for your state and size of household. To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office. 17. How do the lines compare? Line 15b is less than or equal to line 16c. On the top of page 1 of this form, check box 1, Disposable income is not determined under 11 U.S.C. § 1325(b)(3). Go to Part 3. Do NOT fill out Calculation of Your Disposable Income (Official Form 122C-2). Line 15b is more than line 16c. On the top of page 1 of this form, check box 2, Disposable income is determined under 11 U.S.C. § 17b. 1325(b)(3). Go to Part 3 and fill out Calculation of Your Disposable Income (Official Form 122C-2). On line 39 of that form, copy your current monthly income from line 14 above. Part 3: Calculate Your Commitment Period Under 11 U.S.C. § 1325(b)(4) 18. Copy your total average monthly income from line 11. 6.060.00 19. Deduct the marital adjustment if it applies. If you are married, your spouse is not filing with you, and you contend that calculating the commitment period under 11 U.S.C. § 1325(b)(4) allows you to deduct part of your spouse's income, copy the amount from line 13. 0.00 19a. If the marital adjustment does not apply, fill in 0 on line 19a. 6,060.00 19b. Subtract line 19a from line 18. \$ 20. Calculate your current monthly income for the year. Follow these steps: 6,060.00 20a. Copy line 19b Multiply by 12 (the number of months in a year). **x** 12 72,720.00 20b. The result is your current monthly income for the year for this part of the form \$ 57,207.00 20c. Copy the median family income for your state and size of household from line 16c \$ 21. How do the lines compare? Line 20b is less than line 20c. Unless otherwise ordered by the court, on the top of page 1 of this form, check box 3, The commitment period is 3 years. Go to Part 4. Line 20b is more than or equal to line 20c. Unless otherwise ordered by the court, on the top of page 1 of this form, check box 4, The commitment period is 5 years. Go to Part 4. Part 4: By signing here, under penalty of perjury I declare that the information on this statement and in any attachments is true and correct. X /s/ Courtney S. Smith Courtney S. Smith Signature of Debtor 1 Date January 10, 2018 MM / DD / YYYY

If you checked 17b, fill out Form 122C-2 and file it with this form. On line 39 of that form, copy your current monthly income from line 14 above.

If you checked 17a, do NOT fill out or file Form 122C-2.

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Fill in	this information to	dentify your case:					
Debto	r 1 Courtney	S. Smith					
Debtoi (Spous	r 2 se, if filing)						
United	l States Bankruptcy C	ourt for the: Western District of Oklaho	oma				
Case r	number wn)			□ C	heck if this is	s an amended	d filing
	ı Form 122C-2 ıpter 13 Cald	culation of Your Dispo	osable In	come			04/16
Comm Be as o	itment Period (Offici complete and accura is needed, attach a s	ate as possible. If two married people separate sheet to this form, include the	are filing toget	her, both are equally r	esponsible fo	or being accur	ate. If more
Part 1	_	r name and case number (if known). Deductions from Your Income					
the	questions in lines 6	ervice (IRS) issues National and Local -15. To find the IRS standards, go onli e available at the bankruptcy clerk's o	ine using the li				
exp	enses if they are high	unts set out in lines 6-15 regardless of your critical restands. Do not include an act any amounts that you subtracted from	ny operating exp	enses that you subtracte	ed from incom		
If yo	our expenses differ fro	m month to month, enter the average ex	xpense.				
Note	e: Line numbers 1-4 a	are not used in this form. These numbers	s apply to inform	ation required by a simil	ar form used	in chapter 7 cas	ses.
5.	The number of peo	ple used in determining your deduction	ons from incor	ne			
	plus the number of a	people who could be claimed as exempt any additional dependents whom you sup e in your household.			n	2	
Nat	ional Standards	You must use the IRS National Sta	andards to answ	er the questions in lines	6-7.		
6.		d other items: Using the number of peop dollar amount for food, clothing, and oth		in line 5 and the IRS Na	itional	\$	1,132.00
7.	the dollar amount fo people who are 65 c	th care allowance: Using the number of rout-of-pocket health care. The number or olderbecause older people have a high amount, you may deduct the additional a	of people is spli gher IRS allowa	t into two categoriespe nce for health car costs.	eople who are	under 65 and	

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Debtor 1		Courtney S. Smith			Case number (if i	knowi	1)	
Peop	ple v	who are under 65 years of age						
	7a.	Out-of-pocket health care allowance per person	\$	49				
	7b.	7b. Number of people who are under 65						
	7c.	Subtotal. Multiply line 7a by line 7b.	\$	98.00	Copy here=>	• \$	98.00	
Peop	ple v	who are 65 years of age or older						
	7d.	Out-of-pocket health care allowance per person	\$	117				
	7e.	Number of people who are 65 or older	x	0				
	7f.	Subtotal. Multiply line 7d by line 7e.	\$	0.00	Copy here=>	• \$	0.00	
	7g.	Total. Add line 7c and line 7f		\$	98.00		Copy total here=>	\$
Loca	al St	randards You must use the IRS Local Standards t	n answ	er the guestions in	lines 8-15			
Base	ed o	on information from the IRS, the U.S. Trustee Pro		'		d for	housing for	
_		•	1606					
_			1303					
sepa	arate Hou	e instructions for this form. This chart may also busing and utilities - Insurance and operating expe	oe avail enses:	lable at the bankru	uptcy clerk's off	ice.	J	•
9.							_	
	9a.	,		e dollar amount		\$	976.00	
	9b.	Total average monthly payment for all mortgages a	and othe	er debts secured by	y your home.			
		contractually due to each secured creditor in the 60						
		Name of the creditor		,				
		CARRINGTON MORTGAGE SERVICE		\$ 1,464.89	9			
		CITI MORTGAGE	(\$ 271.69	9			
		9b. Total average monthly paymer	nt S	\$1,736.58		-\$_	1,736.58	
	9c.	Net mortgage or rent expense.	L					
		(),,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		e 9a (<i>mortgage</i>	\$			\$0.00
10.	affe	ou claim that the U.S. Trustee Program's division ects the calculation of your monthly expenses, fil application why:				s in	correct and	\$

Case: 18-10091 Doc: 1 Filed: 01/10/18 Page: 46 of 57 1/10/18 1:56PM Courtney S. Smith Debtor 1 Case number (if known) 11. Local transportation expenses: Check the number of vehicles for which you claim an ownership or operating expense. ☐ 0. Go to line 14. 1. Go to line 12. 2 or more. Go to line 12. 12. Vehicle operation expense: Using the IRS Local Standards and the number of vehicles for which you claim the 215.00 operating expenses, fill in the Operating Costs that apply for your Census region or metropolitan statistical area. 13. Vehicle ownership or lease expense: Using the IRS Local Standards, calculate the net ownership or lease expense for each vehicle below. You may not claim the expense if you do not make any loan or lease payments on the vehicle. In addition, you may not claim the expense for more than two vehicles. Vehicle 1 **Describe Vehicle 1:** 2007 Lexus IS 250 215,000 miles 13a. Ownership or leasing costs using IRS Local Standard..... 485.00 13b. Average monthly payment for all debts secured by Vehicle 1. Do not include costs for leased vehicles. To calculate the average monthly payment here and on line 13e, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Then divide by 60. Name of each creditor for Vehicle 1 Average monthly payment **UNITED AUTO CREDIT** 124.45 Repeat this Copy amount on line 33b. **Total Average Monthly Payment** 124.45 124.45 Copy net Vehicle 1 13c. Net Vehicle 1 ownership or lease expense Subtract line 13b from line 13a. if this number is less than \$0, enter \$0. expense here 360.55 360.55 Vehicle 2 Describe Vehicle 2: 13d. Ownership or leasing costs using IRS Local Standard..... 0.00 13e. Average monthly payment for all debts secured by Vehicle 2. Do not include costs for leased vehicles. Name of each creditor for Vehicle 2 Average monthly payment \$ Copy Repeat this here amount on line Total average monthly payment 0.00 Copy net 13f. Net Vehicle 2 ownership or lease expense Vehicle 2 Subtract line 13e from line 13d. if this number is less than \$0, enter \$0. expense here 0.00

14. Public transportation expense: If you claimed 0 vehicles in line 11, using the IRS Local Standards, fill in the

15. Additional public transportation expense: If you claimed 1 or more vehicles in line 11 and if you claim that you may also deduct a public transportation expense, you may fill in what you believe is the appropriate expense, but you may

Public Transportation expense allowance regardless of whether you use public transportation.

not claim more than the IRS Local Standard for Public Transportation.

0.00

0.00

0.00

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Debtor 1 Courtney S. Smith Case number (if known)

16. Taxes: The total monthly amount that you will actually pay for federal, state and local taxes, such as income taxes, self-employment taxes, social escurity taxes, and Medicare taxes. You may include the monthly amount withheld from your pay for these taxes. However, if you expect to receive a tax refund, you must divide the expected refund by 12 and subtract that number from the total monthly amount that is withheld to pay for taxes. Do not include real estate, sales, or use taxes. 17. Involutary deductions: The near not required by your job, such as voluntary 401(k) contributions or payroll savings. 18. Life insurance: The total monthly permitted by your job, such as voluntary 401(k) contributions or payroll savings. Do not include premitters that you may for your own term life insurance, or for any form of life insurance other than term. Do not include premitters that you may for your own term life insurance, or for any form of life insurance on your dependents, for a non-filing spouse's life insurance, or for any form of life insurance other than term. Do not include payments: The total monthly amount that you pay as required by the order of a court or administrative agency, such as spoused or filid logport payments. Do not include payments: The total monthly amount that you pay for education that is either required: If as a condition for your job, or For your physicality or mentally challenged dependent child if no public education is available for similar services. Childcare: The total monthly amount that you pay for childcare, such as babyelitting, daycare, nursery, and preschool. Do not include payments for any elementary or secondary school education. Childcare: The total monthly amount that you pay for pure dependents and that is required for the health and veltage of your pure dependents and that is required for the health and veltage of your pure dependents or any than the purpose service. In the service included only the amount that you pay for telecommunication services by a such as			In addition to the expense of the following IRS categories		s listed above	, you are allowed your monthly expenses	s for	
contributions, union dues, and uniform costs. Do not include anounts that are not required by your job, such as voluntary 401(k) contributions or payroll savings. 18. Life Insurance: The total monthly premiume that you pay for your own term life insurance. If two married people are flight polephiar, include payments that you may for your dependents, for a non-filling spouse's life insurance, or for any form of life insurance other than than a for your spouse's term life inventance. 19. Court-ordered payments: The total monthly amount that you pay as required by the order of a court or administrative agency, such as spousal or child support or child support. You will list these obligations in line 35. 20. Education: The total monthly amount that you pay for education that is either required: as a condition for your physically or mentally challenged dependent child if no public education is available for similar services. 21. Childcare: The total monthly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool. Do not include payments for any elementary or secondary school education. 22. Additional health care expenses, excluding insurance costs: The monthly amount that you pay for health insurance or paid by a health savings account. Include only the amount that is more than the roat entered in line 7. 23. Optional telephone and telephone services: The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call wailing, caller identification, special long distance, or business cell phone service. Do not include payments for the production of income, if it is not reimbursed by your employer. 24. Add all of the expenses allowed under the IRS expense allowances. 35. Optional telephone and telephone, internet and cell phone service. Do not include self-employment expenses, such as those reponded on line 5 of Official Form 122C-1, or any amount you previously deducted. 25. Leath insurance, disability insurance, and health	16.	self-employment taxes, soci your pay for these taxes. Ho and subtract that number from	ial security taxes, and Medic owever, if you expect to rece om the total monthly amount	are taxes ive a tax	s. You may inc refund, you m	clude the monthly amount withheld from nust divide the expected refund by 12	\$	1,022.21
Second content Seco	17.	-	, , ,	uctions th	at your job re	quires, such as retirement		
Filing together, include payments that you make for your spouse's term life insurance, or for any form of life insurance or pour dependents, for a non-filing spouse's life insurance, or for any form of life insurance or no your dependents, for a non-filing spouse's life insurance, or for any form of life insurance or pour dependents. The total monthly amount that you pay as required by the order of a court or administrative agency, such as spoused or child support payments. Do not include payments on past due obligations for spousal or child support. You will list these obligations in line 35. 20. Education: The total monthly amount that you pay for education that is either required: as a condition for your job, or for your physically or mentally challenged dependent child if no public education is available for similar services. 21. Childdrare: The total monthly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool. Do not include payments for any elementary or secondary school education. 22. Additional health care expenses, vocularing insurance costs: The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total enterted in line 7. Payments for health insurance or health savings accounts should be listed only in line 25. 3. Optional telephone and telephone services: The total monthly amount that you pay for telecommunication services for you and your dependents, such as pages, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer. Do not include payments for basic home telephone, internet and cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Official		Do not include amounts that	are not required by your jol	o, such a	s voluntary 40	1(k) contributions or payroll savings.	\$	0.00
administrative agency, such as spousal or child support payments. Do not include payments on past due obligations for spousal or child support. You will list these obligations in line 35. Education: The total monthly amount that you pay for education that is either required: as a condition for your job, or for your physically or mentally challenged dependent child if no public education is available for similar services. Childcare: The total monthly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool. Do not include payments for any elementary or secondary school education. 21. Childcare: The total monthly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool. Do not include payments for any elementary or secondary school education. 22. Additional health care expenses, excluding insurrance costs: The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or pealt by a health savings accounts should be listed only in line 25. 23. Optional telephone and telephone services: The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waining caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer. Do not include payments for basic home telephone, internet and cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Official Form 122C-1, or any amount you previously deducted. \$ 3,3379.76 24. Add all of the expenses allowed under the IRS expense allowances. Add lines 6 through 23. 25. Health insurance, disability insurance, and health savings account expenses. The monthly expenses for health insurance, disability insurance, and health savings account expenses. The monthly	18.	filing together, include paym Do not include premiums fo	nents that you make for your r life insurance on your depe	spouse's	s term life insu	rance.	\$	0.00
20. Education: The total monthly amount that you pay for education that is either required: ■ as a condition for your job, or ■ for your physically or mentally challenged dependent child if no public education is available for similar services. 5 0.00 21. Childcare: The total monthly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool. Do not include payments for any elementary or secondary school education. 22. Additional health care expenses, excluding insurance costs: The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7. Payments for health insurance or health savings accounts should be listed only in line 25. 23. Optional telephone and telephone services: The total monthly amount that you pay for telecommunication services for you and your dependents, such as a pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer. Do not include payments for basic home telephone, internet and cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Official Form 122C-1, or any amount you previously deducted. 24. Add all of the expenses allowed under the IRS expense allowances. Add litonal Expense Deductions Note: Do not include any expense allowances listed in lines 6:24. 25. Health insurance, disability insurance, and health savings account expenses. The monthly expenses for health insurance, disability insurance, and health savings account expenses. The monthly expenses for health insurance, disability insurance, and health savings account expenses. The expense properties that you will continue to pay for the reasonable and necessar	19.	administrative agency, such	as spousal or child support	payment	s.	•	\$	0.00
as a condition for your job, or for your physically or mentally challenged dependent child if no public education is available for similar services. 1. Childcare: The total monthly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool. Do not include payments for any elementary or secondary school education. 2. Additional health care expenses, excluding insurance costs: The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is nor etimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7. Payments for health insurance or health savings accounts should be listed only in line 25. 3. Optional telephone and telephone services: The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer. Do not include payments for basic home telephone, internet and cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Official Form 122C-1, or any amount you previously deducted. 4. Add all of the expenses allowed under the IRS expense allowances. Add lines 6 through 23. Additional Expense Deductions These are additional deductions allowed by the Means Test. Note: Do not include any expense allowances listed in lines 6-24. 4. Health insurance, disability insurance, and health savings account expenses. The monthly expenses for health insurance, disability insurance, and health savings account expenses. The monthly expenses for your spouse, or your dependents. Health insurance (siability insurance, and health savings accounts that are reasonably necessary for your dependents. Po you actually spend this total a	20.		-					
Tor your physically or mentally challenged dependent child if no public education is available for similar services. \$ 0.00								
21. Childcare: The total monthly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool. Do not include payments for any elementary or secondary school education. 22. Additional health care expenses, excluding insurance costs: The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7. Payments for health insurance or health savings accounts should be listed only in line 25. 32. Optional telephone and telephone services: The total monthly amount that you pay for relecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer. Do not include payments for basic home telephone, internet and cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Official Form 122C-1, or any amount you previously deducted. 45. 22.00 24. Add all of the expenses allowed under the IRS expense allowances. Additional Expense Deductions These are additional deductions allowed by the Means Test. Note: Do not include any expense allowances listed in lines 6:24. 25. Health insurance, disability insurance, and health savings accounts that are reasonably necessary for yourself, your spouse, or your dependents. Health insurance \$ 493.20 Disability insurance, and health savings accounts that are reasonably necessary for yourself, your spouse, or your dependents. Health insurance spendents. Health insurance, disability insurance, and health savings accounts that are reasonably necessary for yourself, your spouse, or your dependents. Health insurance provide the program of the provide provide provide provi				t child if n	o public educ	ation is available for similar services.	\$	0.00
Do not include payments for any elementary or secondary school education. 22. Additional health care expenses, excluding insurance costs: The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7. Payments for health insurance or health savings accounts should be listed only in line 25. 23. Optional telephone and telephone services: The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer. Do not include payments for basic home telephone, internet and cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Official Form 122C-1, or any amount you previously deducted. 24. Add all of the expenses allowed under the IRS expense allowances. Add lines 6 through 23. Additional Expense Deductions These are additional deductions allowed by the Means Test. Note: Do not include any expenses allowances listed in lines 6:24. 25. Health insurance, disability insurance, and health savings account expenses. The monthly expenses for health insurance, disability insurance, and health savings account expenses. The monthly expenses for health insurance, and health savings accounts that are reasonably necessary for yourself, your spouse, or your dependents. Health insurance \$ 493.20 Disability insurance \$ 0.00 Total \$ 493.20 Copy total here=> \$ 493.20 Do you actually spend this total amount? No. How much do you actually spend? No. How much do you actually spend? Pyes Continued contributions to the care of household or family members. The actual monthly expenses that you will	21							
22. Additional health care expenses, excluding insurance costs: The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line? 23. Optional telephone and telephone services: The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer. Do not include payments for basic home telephone, internet and cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Official Form 122C-1, or any amount you previously deducted. 24. Add all of the expenses allowed under the IRS expense allowances. Add lines 6 through 23. Additional Expense Deductions These are additional deductions allowed by the Means Test. Note: Do not include any expense allowances listed in lines 6-24. 25. Health insurance, disability insurance, and health savings account expenses. The monthly expenses for health insurance, disability insurance, and health savings accounts that are reasonably necessary for yourself, your spouse, or your dependents. Health insurance	۷۱.				-	sitting, daycare, nursery, and presence.	\$	0.00
23. Optional telephone and telephone services: The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer. Do not include payments for basic home telephone, internet and cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Official Form 122C-1, or any amount you previously deducted. 24. Add all of the expenses allowed under the IRS expense allowances. Add ilines 6 through 23. 25. Health insurance, disability insurance, and health savings account expenses. The monthly expenses for health insurance, disability insurance, and health savings accounts that are reasonably necessary for yourself, your spouse, or your dependents. 26. Health insurance S 493.20 Disability insurance S 0.00 Health savings account S 493.20 Do you actually spend this total amount? No. How much do you actually spend? Yes Continued contributions to the care of household or family members. The actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. These expenses may include contributions to an account of a qualified ABLE program. 26 U.S.C. § 529A(b) 27. Protection against family violence. The reasonably necessary monthly expenses that you incur to maintain the safety of you and your family under the Family Violence Prevention and Services Act or other federal laws that apply.	22.	Additional health care exp that is required for the healt	penses, excluding insurand h and welfare of you or your	ce costs: depende	The monthly ents and that is	s not reimbursed by insurance or paid		
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Case: 18-10091 Doc: 1 Filed: 01/10/18 Page: 48 of 57 1/10/18 1:56PM Courtney S. Smith Debtor 1 Case number (if known) 28. Additional home energy costs. Your home energy costs are included in your insurance and operating expenses on If you believe that you have home energy costs that are more than the home energy costs included in expenses on line 8, then fill in the excess amount of home energy costs You must give your case trustee documentation of your actual expenses, and you must show that the additional 0.00 amount claimed is reasonable and necessary. 29. Education expenses for dependent children who are younger than 18. The monthly expenses (not more than \$160.42* per child) that you pay for your dependent children who are younger than 18 years old to attend a private or public elementary or secondary school. You must give your case trustee documentation of your actual expenses, and you must explain why the amount claimed is reasonable and necessary and not already accounted for in lines 6-23. 0.00 * Subject to adjustment on 4/01/19, and every 3 years after that for cases begun on or after the date of adjustment. 30. Additional food and clothing expense. The monthly amount by which your actual food and clothing expenses are higher than the combined food and clothing allowances in the IRS National Standards. That amount cannot be more than 5% of the food and clothing allowances in the IRS National Standards. To find a chart showing the maximum additional allowance, go online using the link specified in the separate instructions for this form. This chart may also be available at the bankruptcy clerk's office. 0.00 You must show that the additional amount claimed is reasonable and necessary. 31. Continuing charitable contributions. The amount that you will continue to contribute in the form of cash or financial instruments to a religious or charitable organization. 11 U.S.C. § 548(d)(3) and (4). 0.00 Do not include any amount more than 15% of your gross monthly income. 493.20 Add all of the additional expense deductions. Add lines 25 through 31. **Deductions for Debt Payment** 33. For debts that are secured by an interest in property that you own, including home mortgages, vehicle loans, and other secured debt, fill in lines 33a through 33e. To calculate the total average monthly payment, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Then divide by 60. Mortgages on your home Average monthly payment 33a. Copy line 9b here 1,736.58 Loans on your first two vehicles 33b. Copy line 13b here \$ 124.45 33c. Copy line 13e here 0.00 List other secured debts: Name of each creditor for other secured debt Identify property that secures the debt Does payment include taxes or insurance? No 1505 S.E. 52nd Street Oklahoma City, OK SETERUS, INC. 73129 Oklahoma County 401.00 Yes No Yes Nο

33e Total average monthly payment. Add lines 33a through 33d

2,262.03

Yes

2,262.03

Copy

here=>

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1/10/18 1:56PM Courtney S. Smith Debtor 1 Case number (if known) 34. Are any debts that you listed in line 33 secured by your primary residence, a vehicle, or other property necessary for your support or the support of your dependents? ☐ No. Go to line 35. Yes. State any amount that you must pay to a creditor, in addition to the payments listed in line 33, to keep possession of your property (called the cure amount). Next, divide by 60 and fill in the information below. Name of the creditor Identify property that secures the debt **Total cure amount** Monthly cure amount **CARRINGTON MORTGAGE** 5401 S.E. 80th Street Oklahoma City, **5,500.00** $\div 60 =$ \$ 91.67 **SERVICE** OK 73135 Oklahoma County 5401 S.E. 80th Street Oklahoma City, 15.17 **CITI MORTGAGE 910.00** \div 60 = \$ OK 73135 Oklahoma County 1505 S.E. 52nd Street Oklahoma City, SETERUS, INC. $2,000.00 \div 60 =$ \$ 33.33 OK 73129 Oklahoma County Copy total Total \$ 140.17 140.17 here=> 35. Do you owe any priority claims - such as a priority tax, child support, or alimony - that are past due as of the filing date of your bankruptcy case? 11 U.S.C. § 507. ■ No. Go to line 36. Yes. Fill in the total amount of all of these priority claims. Do not include current or ongoing priority claims, such as those you listed in line 19. Total amount of all past-due priority claims 7,010.43 ÷60 \$ 116.84 36. Projected monthly Chapter 13 plan payment 2,882.00 Current multiplier for your district as stated on the list issued by the Administrative Office of the United States Courts (for districts in Alabama and North Carolina) or by 5.00 the Executive Office for United States Trustees (for all other districts). To find a list of district multipliers that includes your district, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office. Copy total 144.10 144.10 here=> Average monthly administrative expense 2.663.14 37. Add all of the deductions for debt payment. Add lines 33e through 36. **Total Deductions from Income** 38. Add all of the allowed deductions. Copy line 24. All of the expenses allowed under IRS 3.379.76 expense allowances Copy line 32, All of the additional expense deductions 493.20 Copy line 37, All of the deductions for debt payment 2,663.14 +\$

6,536.10

Copy total here=>

Total deductions.....

6,536.10

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or 1 Co	urtney S. S	mith		Case	e num	ber (if known)		
2: D	etermine Yo	ur Disposable Income Under 11 U	.S.C. § 1325(I	o)(2)				
		rent monthly income from line 14 Current Monthly Income and Calo					\$	6,060.00
childre disabilit receive	n. The month by payments f d in accordar	bly necessary income you receive hly average of any child support pay or a dependent child, reported in Pa nce with applicable nonbankruptcy la ended for such child.	ments, foster out I of Form 12	care payments, or 22C-1, that you	\$	(0.00	
. Fill in a employ in 11 U.	all qualified r er withheld fr .S.C. § 541(b	etirement deductions. The monthlom wages as contributions for quality (7) plus all required repayments of C. § 362(b)(19).	ied retirement	plans, as specified	\$	(0.00	
. Total of	f all deduction	ons allowed under 11 U.S.C. § 707	(b)(2)(A). Cop	y line 38 here =>	> \$	6,536	5.10	
expens their ex	es and you hapenses. You	ial circumstances. If special circur ave no reasonable alternative, desc must give your case trustee a detai locumentation for the expenses.	ribe the specia	al circumstances and	d			
scribe t	he special ci	rcumstances		Amount of expe	nse			
				\$		-		
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			Total \$	0.00	Co	py re=> \$	0.00	
. Total a	djustments.	Add lines 40 through 43.		=>	§	6,536.10	Copy here=> -\$	6,536.1
Calcula	ate your mor	nthly disposable income under §	1325(b)(2). Su	btract line 44 from lin	ne 39	9.	\$	-476.10
Change have ch time yo	e in income of nanged or are ur case will b	or expenses. If the income in Forme virtually certain to change after the e open, fill in the information below.	date you filed For example,	your bankruptcy per if the wages reporte	tition d inc	and during the creased after		
		n, check 122C-1 in the first column, in when the increase occurred, and			exp	lain why the		
m	Line	Reason for change		Date of change		Increase or decrease?	Amount of cha	ange
122C-1 122C-2 122C-1 122C-2 122C-1					_	☐ Increase ☐ Decrease ☐ Increase ☐ Decrease ☐ Increase ☐ Increase	\$ 	
122C-2 122C-1 122C-2				_	_	☐ Decrease☐ Increase☐ Decrease☐	\$ \$	

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Debtor 1 Courtney S. Smith Case number (if known)

Part 4: Sign Below

By signing here, under penalty of perjury you declare that the information on this statement and in any attachments is true and correct.

X /s/ Courtney S. Smith

Courtney S. Smith Signature of Debtor 1

Date **January 10, 2018**

MM / DD / YYYY

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Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Cha	pter 7:	Liquidation
	\$245	filing fee
	\$75	administrative fee
+	\$15	trustee surcharge
	\$335	total fee

1/10/18 1:56PM

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

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most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

1/10/18 1:56PM

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

+ \$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

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Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$75	administrative fee
	\$275	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$75	administrative fee
	\$310	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

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Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

1/10/18 1:56PM

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. Case: 18-10091 Doc: 1 Filed: 01/10/18 Page: 56 of 57

B2030 (Form 2030) (12/15)

United States Bankruptcy Court Western District of Oklahoma

				Western District of Oklahoma			
In r	e Courtney S. S	<u>Smith</u>			Case No.		
				Debtor(s)	Chapter	13	
	DIS	SCL	OSURE OF COM	MPENSATION OF ATTOR	NEY FOR D	EBTOR(S)	
1.	compensation paid	to me v	within one year before th	. 2016(b), I certify that I am the attorne ne filing of the petition in bankruptcy, of ation of or in connection with the bank	or agreed to be paid	to me, for services re	
	For legal service	ces, I h	nave agreed to accept		\$	3,400.00	
				eived		500.00	
	Balance Due				Ф	2,900.00	
2.	\$ 310.00 of the	e filinş	g fee has been paid.				
3.	The source of the co	ompen	sation paid to me was:				
	Debtor		Other (specify):				
4.	The source of comp	ensatio	on to be paid to me is:				
	Debtor		Other (specify):				
5.	■ I have not agree	ed to sl	hare the above-disclosed	compensation with any other person u	nless they are men	abers and associates of	f my law firm.
				mpensation with a person or persons which the names of the people sharing in the contract of the people sharing in t			aw firm. A
6.	In return for the abo	ove-dis	sclosed fee, I have agree	d to render legal service for all aspects	of the bankruptcy	case, including:	
	 b. Preparation and c. Representation of d. [Other provision Negotiati reaffirma 	filing of the constant of the	of any petition, schedule debtor at the meeting of deeded] with secured creditor agreements and appli	I rendering advice to the debtor in determined rest, statement of affairs and plan which is creditors and confirmation hearing, and its to reduce to market value; exercications as needed; preparation and household goods.	may be required; I any adjourned hea	arings thereof; ; preparation and f	filing of
7.	Represer	ntatio		sed fee does not include the following ny dischargeability actions, judic		es, relief from sta	y actions or
				CERTIFICATION			
this	I certify that the forbankruptcy proceedi		g is a complete statement	of any agreement or arrangement for p	payment to me for i	representation of the c	lebtor(s) in
	January 10, 2018			/s/ Dekovan L. Bov	wler		
1	Date			Dekovan L. Bowle			
				Signature of Attorney Bowler & Associa			
				8333 S.E. 15th Stre			
				Midwest City, OK 405-733-3000 Office		-3558 Eav	
				dlbowler@hotmail		-JJJU I AA	
				Name of law firm			

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United States Bankruptcy Court Western District of Oklahoma

Western District of Oklahoma						
In re Courtney S. Smith		Case No.				
	Debtor(s)	Chapter	13			
VERIFICATION OF CREDITOR MATRIX						
The above-named Debtor hereby verifies that the attached list of creditors is true and correct to the best of his/her knowledge.						
Date: January 10, 2018	/s/ Courtney S. Smith					
	Courtney S. Smith					

Signature of Debtor